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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 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ 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
THE CHILDREN'S HOSPITAL ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
13123 E 16TH AVENUE

City or town, state or country, and ZIP + 4
AURORA, CO 80045

D Employer identification number
84-0166760

E Telephone number
(720) 777-1234

G Gross receipts $ 589,861,108

F Name and address of principal officer
JAMES E SHMERLING DHA PRES CEO
13123 E 16TH AVENUE
AURORA, CO 80045

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 Website: ▶ WWW TCHDEN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1908

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH- QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of employees (Part V, line 2a)	**5**	4,600
6	Total number of volunteers (estimate if necessary)	**6**	2,100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,099,913
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	543,027

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	25,752,547	24,304,474
	9 Program service revenue (Part VIII, line 2g)	497,052,230	559,408,301
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,195,381	4,397,295
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,243,578	424,219
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	543,243,736	588,534,289
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)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	250,832,975	271,380,186
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	262,883,673	248,112,541
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	513,716,648	519,492,727
	19 Revenue less expenses Subtract line 18 from line 12	29,527,088	69,041,562

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,113,799,437	1,274,401,526
	21 Total liabilities (Part X, line 26)	444,856,276	409,639,618
	22 Net assets or fund balances Subtract line 21 from line 20	668,943,161	864,761,908

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

▶ Signature of officer — Date: 2010-11-10

▶ LEONARD J DRYER JR CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 2 NORTH CENTRAL AVE SUITE 2300 PHOENIX, AZ 85004			EIN ▶ Phone no ▶ (602) 322-3000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH-QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY

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 501(c)(4) organizations and section 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 $ 375,242,100 including grants of $) (Revenue $ 556,313,852)

ROUTINE INPATIENT SERVICES, ANCILLARY INPATIENT SERVICES SUCH AS LAB RADIOLOGY, OPERATING ROOM, RECOVERY ROOM, CENTRAL SUPPLIES, ETC , OUTPATIENT SERVICES SUCH AS EMERGENCY ROOM, ORTHO CLINIC, ONCOLOGY CLINIC, ETC ALSO SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 375,242,100

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)? *If "Yes," complete Schedule A*	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? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? *If "Yes," complete Schedule F, Part 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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization 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*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	363		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,600		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ , BD , VI 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	27		
b	Enter the number of voting members that are independent	1b	24		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
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	
9	Is there any officer, director, 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		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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	Yes	
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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ 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 ▶

CARLO ROTOLA CONTROLLER
13123 E 16TH AVENUE
AURORA, CO 80045
(720) 777-2788

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
See add'l data										

1b Total . . . . . ▶	8,658,593	0	469,762

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 253

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY PHYSICIANS INC 13611 E COLFAX AURORA, CO 80045	PHYSICIAN SERVICES	15,603,429
UCDHSC 4200 E 9TH AVENUE AURORA, CO 80045	EDUCATIONAL SERVICES	11,676,261
CROTHALL HEALTHCARE INC 955 CHESTERBROOK BLVD SUITE 300 WAYNE, PA 19087	CLEANING SERVICES	5,769,568
STERLING RICE GROUP INC 1801 13TH STREET SUITE 400 BOULDER, CO 80302	ADVERTISING	3,062,283
HOSPITAL SHARED SERVICES PO BOX 17033 DENVER, CO 80217	SECURITY SERVICES	2,310,524
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 91		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	16,300,000			
	e	Government grants (contributions)	1e	7,128,905			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	875,569			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		24,304,474			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	622,110	539,363,027	539,363,027		
	b	RESEARCH FUNDING	541,900	10,070,366	9,650,988	419,378	
	c	CAFETERIA	722,210	3,154,606	3,154,606		
	d	LAB BILLING	561,000	1,286,140		1,286,140	
	e	ALL OTHER REVENUE	900,099	5,534,162	4,145,233	1,388,929	
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		559,408,301			
	3	Investment income (including dividends, interest and other similar amounts)		5,029,575		5,466	5,024,109
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	424,219				
	b	Less rental expenses					
	c	Rental income or (loss)	424,219				
	d	Net rental income or (loss)		424,219			424,219
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	438,101	256,438			
	b	Less cost or other basis and sales expenses		1,326,819			
	c	Gain or (loss)	438,101	-1,070,381			
	d	Net gain or (loss)		-632,280			-632,280
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	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.** See Instructions		588,534,289	556,313,854	3,099,913	4,816,048

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,081,284	0	7,081,284	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	216,625,322	159,710,477	56,914,845	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,895,165	6,360,043	2,535,122	0
9 Other employee benefits	23,370,157	16,949,408	6,420,749	0
10 Payroll taxes	15,408,258	11,016,904	4,391,354	0
11 Fees for services (non-employees)				
a Management	0			
b Legal	758,502	542,329	216,173	0
c Accounting	407,171	291,127	116,044	0
d Lobbying	268,141	268,141	0	0
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	59,249,812	42,287,195	16,962,617	0
12 Advertising and promotion	3,559,642	2,545,144	1,014,498	0
13 Office expenses	66,516,657	47,559,410	18,957,247	0
14 Information technology	9,266,419	6,625,490	2,640,929	0
15 Royalties	0			
16 Occupancy	11,934,472	8,533,147	3,401,325	0
17 Travel	1,571,763	1,123,811	447,952	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	537,480	384,298	153,182	0
20 Interest	8,902,964	6,365,619	2,537,345	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	41,394,545	29,597,100	11,797,445	0
23 Insurance	2,666,206	1,906,337	759,869	0
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 BAD DEBT EXPENSE	13,350,183	13,350,183	0	0
b EQUIPMENT RENTAL & MAINT	9,887,801	7,069,778	2,818,023	0
c BOOKS, DUES & SUBSCRIPTIONS	1,258,132	899,564	358,568	0
d MINOR EQUIPMENT	940,788	672,663	268,125	0
e ALL OTHER EXPENSES	15,641,863	11,183,932	4,457,931	0
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	519,492,727	375,242,100	144,250,627	0
26 **Joint costs.** Check here ▶ ☐ 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		13,987,338	1	18,621,843
	2	Savings and temporary cash investments		12,802	2	12,802
	3	Pledges and grants receivable, net		3,867,260	3	4,446,742
	4	Accounts receivable, net		60,905,358	4	53,604,045
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,423,069	8	3,963,528
	9	Prepaid expenses and deferred charges		3,197,367	9	3,663,481
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 818,882,458			
	b	Less accumulated depreciation	10b 167,612,897	655,927,807	10c	651,269,561
	11	Investments—publicly traded securities		110,466,507	11	223,642,832
	12	Investments—other securities See Part IV, line 11		79,751,635	12	96,857,729
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		182,260,294	15	218,318,963
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,113,799,437	16	1,274,401,526
Liabilities	17	Accounts payable and accrued expenses		59,870,853	17	71,068,938
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		320,781,917	20	314,288,694
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		222,371	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		63,981,135	25	24,281,986
	26	**Total liabilities.** Add lines 17 through 25		444,856,276	26	409,639,618
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		481,487,427	27	634,695,796
	28	Temporarily restricted net assets		105,552,170	28	141,973,398
	29	Permanently restricted net assets		81,903,564	29	88,092,714
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		668,943,161	33	864,761,908
	34	Total liabilities and net assets/fund balances		1,113,799,437	34	1,274,401,526

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL ASSOCIATION

Employer identification number
84-0166760

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 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

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 for 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 ▶☐

b **33 1/3% support test—2008.** 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 ▶☐

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 ▶☐

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 ▶☐

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 ▶☐

Part III Support 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) 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 501(c)(3) organization, check this box and **stop here** ▶

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 ▶

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 ▶

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

Part IV **Supplemental Information.** 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

Additional Data

Software ID:
Software Version:
EIN: 84-0166760
Name: THE CHILDREN'S HOSPITAL ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
CRAIG PONZIO CHAIRMAN OF BOARD	1 0	X		X				0	0	0
MARRY GITTINGS CRONIN BOARD MEMBER	1 0	X						0	0	0
PETER CULSHAW CHAIR, TCH FOUNDATION	1 0	X						0	0	0
RUSS DISPENSE BOARD MEMBER	1 0	X						0	0	0
DONALD M ELLIMAN BOARD MEMBER	1 0	X						0	0	0
CANDY ERGEN BOARD MEMBER	1 0	X						0	0	0
COLE FINEGAN BOARD MEMBER	1 0	X						0	0	0
CATHY M FINLON VICE CHAIRMAN OF BOARD	1 0	X		X				0	0	0
DANIEL E FRIESEN BOARD MEMBER	1 0	X						0	0	0
MARIA GUAJARDO PHD BOARD MEMBER	1 0	X						0	0	0
DWIGHT JONES BOARD MEMBER	1 0	X						0	0	0
RANDY HERTEL BOARD MEMBER	1 0	X						0	0	0
TOM HONIG BOARD MEMBER	1 0	X						0	0	0
ROBERT HOTTMAN BOARD MEMBER	1 0	X						0	0	0
JOY JOHNSON SECRETARY	1 0	X		X				0	0	0
RHONDA KAY BOARD MEMBER	1 0	X						0	0	0
DONALD L KORTZ PAST CHAIR	1 0	X						0	0	0
RICHARD KRUGMAN MD BOARD MEMBER	1 0	X						0	0	0
LILLY MARKS BOARD MEMBER	1 0	X						0	0	0
JAY MARKSON MD BOARD MEMBER	1 0	X						0	0	0
JODY MATHIE MD BOARD MEMBER	1 0	X						0	0	0
R SCOTT NYCUM BOARD MEMBER	1 0	X						0	0	0
JAMES E SHMERLING DHA PRESIDENT AND CEO	40 0	X		X				1,059,597	0	29,248
ANDY SIROTNAK MD BOARD MEMBER	1 0	X						0	0	0
ANN SPERLING TREASURER	1 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
HAL STEIN MD BOARD MEMBER	1 0	X						0	0	0
M ROY WILSON BOARD MEMBER	1 0	X						0	0	0
WILLIAM LINDSAY BOARD MEMBER	1 0	X						0	0	0
JENA HAUSMANN CHIEF OPERATING OFFICER	40 0			X				476,586	0	19,226
LEONARD J DRYER JR SR VP-CFO	40 0			X				627,617	0	29,033
MARY ANNE LEACH SR VP-CIO	40 0			X				358,009	0	16,879
JOHN LACOUTURE CHIEF LEGAL OFFICER	40 0			X				341,364	0	14,450
KELLY JOHNSON CHIEF NURSING OFFICER	40 0			X				260,805	0	23,662
JEFFREY HARRINGTON VP FINANCE & NOC	40 0			X				260,545	0	27,168
MICHAEL WUKITSCH VP HUMAN RESOURCES	40 0			X				277,727	0	28,628
SUZY JAEGER VP AMBULATORY AND OPERATIONS	40 0			X				230,904	0	24,166
JERROD MILTON VP OPERATIONS	40 0			X				209,021	0	21,919
BETH GAFFNEY VP OPERATIONS	40 0			X				223,336	0	20,376
MAREN STEWART VP EXTERNAL AFFAIRS	40 0			X				198,527	0	13,567
LINDA POWERS V P NURSING	40 0			X				221,732	0	24,137
MARGI MORSE VP NURSING	40 0			X				198,816	0	20,659
JOAN BOTHNER MD CMO	40 0			X				320,954	0	0
DENNIS MATTHEWS PPAARDI-IN-CHIEF	40 0			X				167,731	0	0
STEPHEN DANIELS PEDIATRIC-IN-CHIEF	40 0			X				330,300	0	0
MORITZ ZIEGLERMD SURGEON-IN-CHIEF	40 0			X				329,996	0	0
DANIEL HYMAN MD CHIEF QUALITY OFFICER	40 0			X				308,363	0	0
AMY CASSERI CHIEF STRATEGY OFFICER	40 0			X				344,045	0	22,191
JOHN STRAIN RADIOLOGIST	40 0					X		379,900	0	28,685
LAURA FENTON RADIOLOGIST	40 0					X		383,841	0	25,743
JAMES INGRAM RADIOLOGIST	40 0					X		382,231	0	25,991

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
THOMAS HAY RADIOLOGIST	40 0					X		383,100	0	28,685
KARI HAYES RADIOLOGIST	40 0					X		383,546	0	25,349

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
NET PATIENT REVENUE	622,110	539,363,027	539,363,027		
RESEARCH FUNDING	541,900	10,070,366	9,650,988	419,378	
CAFETERIA	722,210	3,154,606	3,154,606		
LAB BILLING	561,000	1,286,140		1,286,140	
ALL OTHER REVENUE	900,099	5,534,162	4,145,233	1,388,929	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	13,350,183	13,350,183	0	0
EQUIPMENT RENTAL & MAINT	9,887,801	7,069,778	2,818,023	0
BOOKS, DUES & SUBSCRIPTIONS	1,258,132	899,564	358,568	0
MINOR EQUIPMENT	940,788	672,663	268,125	0
ALL OTHER EXPENSES	15,641,863	11,183,932	4,457,931	0

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE CHILDREN'S HOSPITAL ASSOCIATION	84-0166760

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	4,000	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	264,141	
c Total lobbying expenditures (add lines 1a and 1b)	268,141	
d Other exempt purpose expenditures	374,973,959	
e Total exempt purpose expenditures (add lines 1c and 1d)	375,242,100	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	293,850	367,768	401,887	268,141	1,331,646
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	4,000	36,500	56,000	4,000	100,500

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL ASSOCIATION

Employer identification number
84-0166760

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? ☐ Yes ☐ No

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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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 a 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on 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	24,854,564	33,761,116			
b Contributions					
c Investment earnings or losses	5,828,658	-7,949,952			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,341,892	956,600			
f Administrative expenses	57,616				
g End of year balance	29,283,714	24,854,564			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
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) Accumulated depreciation	(d) Book value
1a Land		7,267,339		7,267,339
b Buildings		526,942,903	38,770,593	488,172,310
c Leasehold improvements		10,259,851	6,011,359	4,248,492
d Equipment		225,072,881	119,998,516	105,074,365
e Other		49,339,484	2,832,429	46,507,055
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				651,269,561

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		
Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	96,857,729	

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
RECEIVABLE FROM FOUNDATION	1,365,488
PERPETUAL TRUST ASSETS-TAMMEN	29,283,714
CHILDREN'S HOSPITAL FOUNDATION	175,362,000
DEFERRED DEBT ISSUANCE COSTS	4,119,162
OTHER MISCELLANEOUS RECEIVABLE	7,333,665
EXECUTIVE DEFERRED TRUST	854,934
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	218,318,963

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
SELF INSURANCE TRUST LIABILITY	4,529,000
ACCRUED INTEREST PAYABLE	1,130,885
DUE TO RESTRICTED FUND	5,344,133
DEFINED BENEFIT OBLIGATION	1,948,172
VALUE OF INTEREST RATE SWAP	10,990,994
OTHER LIABILITIES	338,802
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	24,281,986

2. Fin 48 Footnote 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 XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	588,534,289
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	519,492,727
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	69,041,562
4	Net unrealized gains (losses) on investments	4	40,220,466
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	25,100,431
9	Total adjustments (net) Add lines 4 - 8	9	65,320,897
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	134,362,459

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	664,927,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	40,220,466		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	36,172,305		
e	Add lines **2a** through **2d**			2e	76,392,771
3	Subtract line **2e** from line **1**			3	588,534,289
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 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	588,534,289

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	530,564,601
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	11,071,874		
e	Add lines **2a** through **2d**			2e	11,071,874
3	Subtract line **2e** from line **1**			3	519,492,727
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 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	519,492,727

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE HOSPITAL IS THE INCOME BENEFICIARY OF THE H H TAMMEN TRUST, A PERPETUAL TRUST UNDER WHICH THE HOSPITAL HAS THE IRREVOCABLE RIGHT TO RECEIVE THE INCOME EARNED ON THE TRUST ASSETS IN PERPETUITY FUNDS ARE USED TO SUPPORT HOSPITAL ACTIVITIES
ASC 740 FOOTNOTE	SCHEDULE D, PART X	THE HOSPITAL EVALUATES WHETHER THERE ARE ANY UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AS OF DECEMBER 31, 2009 AND 2008, THE HOSPITAL HAS DETERMINED THAT NO PROVISION IS REQUIRED FOR UNCERTAIN TAX POSITIONS
RECONCILING ITEMS	SCHEDULE D, PARTS XI-XIII	PART XI, LINE 8 $26,674,033 - CHANGE IN VALUE OF INTEREST RATE SWAP $(1,573,602) - REPORTED ON A SEPARATE COMPANY TAX RETURN ---------- $25,100,431 - TOTAL PART XII, LINE 2D $26,674,033 - CHANGE IN VALUE OF INTEREST RATE SWAP $ 9,498,272 - REVENUE REPORTED ON A SEPARATE COMPANY TAX RETURN ---------- $36,172,305 - TOTAL PART XIII, LINE 2D $11,071,874 - EXPENSES REPORTED ON A SEPARATE COMPANY TAX RETURN

Additional Data

Software ID:
Software Version:
EIN: 84-0166760
Name: THE CHILDREN'S HOSPITAL ASSOCIATION

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
INVESTMENT IN LAUNDRY CORP	125,000	C
INVESTMENT IN NORTH ASC	151,923	C
ICAP ABSOLUTE RETURN RETENTION	5,106,660	F
FORTRESS CREDIT OPP FUND	9,548,024	F
VIKING GLOBAL EQUITIES III LTD	12,622,222	F
FARALLON CAPITAL PARTNERS LP	10,494,991	F
CONVEXITY CAPITAL OFFSHORE LP	22,081,585	F
NEWPORT ASIA	8,504,630	F
KING STREET	13,195,059	F
HIGHFIELDS CAPITAL LTD	10,188,000	F
TONTINE FUND	1,587,782	F
DENHAM COMMODITY PARTNERS FUND	3,251,853	F

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL ASSOCIATION

Employer identification number
84-0166760

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		2,903	3,564,837	1,107,935	2,456,902	0 460 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		175,301	209,415,384	137,144,498	72,270,886	13 620 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		45,487	41,718,021	39,678,118	2,039,903	0 380 %
d **Total** Charity Care and Means-Tested Government Programs		223,691	254,698,242	177,930,551	76,767,691	14 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	9	6,898,085	4,136,871	5,875	4,130,996	0 780 %
f Health professions education (from Worksheet 5)	3	2,357	20,374,293	7,271,265	13,103,028	2 470 %
g Subsidized health services (from Worksheet 6)	3	19,994	7,490,660		7,490,660	1 410 %
h Research (from Worksheet 7)	1		14,563,998		14,563,998	2 740 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	3	60,901	434,893	2,210	432,683	0 080 %
j **Total** Other Benefits	19	6,981,337	47,000,715	7,279,350	39,721,365	7 480 %
k **Total.** Add lines 7d and 7j	19	7,205,028	301,698,957	185,209,901	116,489,056	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1	400	39,505		39,505	0 010 %
2	Economic development						
3	Community support						
4	Environmental improvements	1	8,023	749,306	731	748,575	0 140 %
5	Leadership development and training for community members						
6	Coalition building	2	310	20,593		20,593	
7	Community health improvement advocacy	1	2,700,000	301,918		301,918	0 060 %
8	Workforce development	1	59	425,038	25,000	400,038	0 080 %
9	Other						
10	**Total**	6	2,708,792	1,536,360	25,731	1,510,629	0 290 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,712,491		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	3,395,230		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	1,469,115
6	Enter Medicare allowable costs of care relating to payments on line 5	6	2,434,338
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-965,223
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	CHILDREN'S N SURG C	OUTPATIENT SURGERY	73 000 %	0 %	0 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

See Additional Data Table

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

THE CHILDREN'S HOSPITAL DOES USE FPG TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE

YES THE CHILDREN'S HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT GENERATED FROM INTERNAL HOSPITAL COMMUNITY BENEFIT REPORTING THE HOSPITAL'S COMMUNITY BENEFIT REPORTING PROGRAM HAS BEEN IN EFFECT SINCE 2001 WITH THE PURPOSE OF DOCUMENTING AND COMMUNICATING THE OUTREACH ACTIVITIES CONDUCTED FROM ALL AREAS OF THE HOSPITAL THESE ACTIVITIES ARE CONDUCTED IN SUPPORT OF ITS MISSION TO IMPROVE THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH-QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY TO BE TRULY EFFECTIVE IN ACHIEVING THIS MISSION, CHILDREN'S CONSISTENTLY HAS MADE A CONCERTED EFFORT TO EXTEND ITS CARE BEYOND THE HOSPITAL ITSELF AND INTO THE BROADER COMMUNITY THE REPORT OUTLINES BOTH QUANTIFIABLE ACTIVITIES (E G THOSE THAT CAN BE MEASURED IN DOLLARS, PAID STAFF HOURS ETC) AS WELL AS LEADERSHIP ACTIVITIES (E G THOSE THAT DEMONSTRATE HOW CHILDREN'S AND/OR ITS STAFF PLAYED A LEADERSHIP ROLE IN MAKING A POSITIVE SOCIAL AND FINANCIAL IMPACT ON THE COMMUNITY AT LARGE) INFORMATION FROM THIS INTERNAL REPORT IS SHARED PUBLICLY IN THE HOSPITAL'S ANNUAL REPORT CHILDREN'S ALSO REGULARLY CONTRIBUTES TO THE COLORADO HOSPITAL ASSOCIATION'S (CHA) ANNUAL COMMUNITY BENEFIT REPORT WITH A STORY THAT TELLS HOW CHILDREN'S HAS UNIQUELY CONTRIBUTED TO THE HEALTH AND WELL-BEING OF CHILDREN IN COLORADO

SUBSIDIZED HEALTH SERVICES ARE THOSE WHICH THE CHILDREN'S HOSPITAL PROVIDES TO ITS PATIENT POPULATION AT A LOSS THE TWO PRIMARY SUBSIDIZED HEALTH SERVICES THAT COMPRISE THE MAJORITY OF THE SHORTFALL FROM COST ARE MENTAL HEALTH AND DERMATOLOGY SERVICES ALSO, INCLUDED IN THE NET COMMUNITY BENEFIT EXPENSE IS THE OPERATING LOSS RELATED TO THE HOSPITAL'S INVESTMENT IN AN AMBULATORY SURGERY CENTER THE NUMBER REFLECTED IN SUBSIDIZED HEALTH SERVICES EXCLUDES MEDICAID SHORTFALLS

IN 2009 THE CHILDREN'S HOSPITAL PROVIDED $116,489,056, 21 96% OF TOTAL OPERATING EXPENSES, IN BENEFIT TO THE COMMUNITY UNCOMPENSATED AND CHARITY CARE AT THE CHILDREN'S HOSPITAL ACCOUNTED FOR $76,767,691, OR 14 47% OF TOTAL OPERATING EXPENSES, OF THE TOTAL MEDICAID PAYMENT SHORTFALLS CONTINUE TO LEAD THE WAY, ACCOUNTING FOR $72,270,886 OF THE $76,767,691 IN 2009, MEDICAID VOLUME, AS A PERCENT OF TOTAL PATIENT CHARGES, WAS 40 9 PERCENT WITH REIMBURSEMENT ONLY BEING 65 0 PERCENT OF COST THE CHILDREN'S HOSPITAL IS COMMITTED TO SERVING ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY OTHER BENEFITS ACCOUNTED FOR $39,721,365, 7 49% OF TOTAL OPERATING EXPENSES, OF THE TOTAL $116,489,056 BENEFIT TO THE COMMUNITY OTHER BENEFITS INCLUDE HEALTH PROFESSIONS EDUCATION ($13,103,028, OR 2 47% OF TOTAL OPERATING EXPENSES), RESEARCH ACTIVITY ($14,563,998, OR 2 47% OF TOTAL OPERATING EXPENSES), SUBSIDIZED HEALTH SERVICES ($7,490,660, OR 1 41% OF THE TOTAL OPERATING EXPENSES), COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS ($4,130,996, OR 78% OF TOTAL OPERATING EXPENSES) AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS ($432,683, OR 08% OF TOTAL OPERATING EXPENSES)

THE SHORTFALL FOR CHARITY CARE PROVIDED IN 2009 WAS $2,456,903 THIS REPRESENTS THE COST OF PROVIDING THESE SERVICES CALCULATED USING THE HOSPITAL'S COST ACCOUNTING SYSTEM

THE HOSPITAL ESTIMATES BAD DEBT RESERVES BASED ON HISTORICAL EXPERIENCE THE HOSPITAL EXPENSES UNCOLLECTIBLE BALANCES 120 DAYS AFTER THE FIRST BILLING CYCLE THE HOSPITAL DOES NOT REPORT ANY BAD DEBT AMOUNT IN COMMUNITY BENEFIT

THE SHORTFALL REPORTED IN LINE 7 INCLUDED SHORTFALLS IN MEDICAID, OTHER GOVERNMENTAL PROGRAMS AND CHARITY CARE THIS WOULD ACCOUNT FOR A TOTAL OF $76,767,691 IN COMMUNITY BENEFIT THE HOSPITAL UTILIZES ITS COST ACCOUNTING SYSTEM TO ALLOCATE DIRECT AND INDIRECT COSTS RELATED TO THIS PATIENT POPULATION THE AMOUNT INCLUDES ALL PAYMENTS SHORT OF COSTS

YES, THE ORGANIZATION DOES HAVE A WRITTEN DEBT COLLECTION POLICY PRIOR TO DEBT REFERRALS, ACCOUNTS WITH ANY CHARITY CARE OR FINANCIAL ASSISTANCE CASES ARE REVIEWED TO ENSURE THE BALANCE IS NOT DUE FROM AN OUTSIDE PAYER ONCE CONFIRMED THE OUTSTANDING BALANCE IS THE PATIENT'S RESPONSIBILITY, THE HOSPITAL PROVIDES SLIDING SCALE DISCOUNTS BASED ON INCOME AND/OR EXPENSES PARENTS WHOSE CHILDREN DO NOT QUALIFY FOR MEDICAID CAN ALSO APPLY FOR THIS DISCOUNT PLAN THE HOSPITAL HAS A DEDICATED FINANCIAL COUNSELING DEPARTMENT THAT WORKS CLOSELY WITH PARENTS TO ESTABLISH PAYMENT PLANS

THE CHILDREN'S HOSPITAL ENTERED INTO A JOINT VENTURE (CHILDREN'S NORTH SURGERY CENTER LLC) WITH UNIVERSITY PHYSICIANS, INC AND COMMUNITY-BASED PROVIDERS OF CHILDREN'S MEDICAL STAFF TO DEVELOP AND MANAGE AN AMBULATORY SURGERY CENTER AT THE HOSPITAL'S NORTH CAMPUS THE CHILDREN'S HOSPITAL HAS A NONCONTROLLING INVESTMENT INTEREST IN CHILDREN'S NORTH SURGERY CENTER LLC WHICH LEASES FROM THE HOSPITAL APPROXIMATELY 15,000 SQUARE FEET OF THE NORTH CAMPUS FACILITY, THE AMBULATORY SURGERY CENTER OPENED IN SEPTEMBER OF 2009 THE HOSPITAL IS GUARANTOR OF APPROXIMATELY $5 MILLION OF NON-REVOLVING LINE OF CREDIT AGREEMENTS ENTERED INTO BY CHILDREN'S NORTH SURGERY CENTER LLC

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

THE CHILDREN'S HOSPITAL FIRST LOOKS AT INTERNAL DATA RELATED TO CHILDHOOD INJURIES AND ILLNESS TO ASSESS TRENDS AND DETERMINE AREAS OF FOCUS FOR EXAMPLE, TRAUMA DATA RELATED TO CHILD ABUSE PROMPTED ITS ONGOING SHAKEN BABY SYNDROME PREVENTION EFFORT THE HOSPITAL ALSO COLLECTS AND REVIEWS SECONDARY DATA COMPILED BY REPUTABLE COMMUNITY PARTNERS SUCH AS COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, COLORADO CHILDREN'S CAMPAIGN ANNUAL KIDSCOUNT REPORT, COLORADO HEALTH FOUNDATION, AND COLORADO HOSPITAL ASSOCIATION IN ADDITION, THE HOSPITAL ASSESSES IF AND HOW OTHER COMMUNITY PARTNERS ARE ADDRESSING SPECIFIC CHILD HEALTH ISSUES TO BETTER DETERMINE WHERE IT CAN FOCUS ITS EFFORTS TO MAKE THE MOST IMPACT AND, IN TANDEM WITH COMMUNITY PARTNERS, CAST A WIDE NET TO IMPROVE THE HEALTH OF THE PEDIATRIC COMMUNITY OUTSIDE OF THE HOSPITAL

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

THE CHILDREN'S HOSPITAL HAS A PROCESS FOR INFORMING AND EDUCATING FAMILIES ABOUT HOW THEY MAY BE BILLED FOR PATIENT CARE AND THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE CHILDREN'S FULL TIME PATIENT FINANCIAL COUNSELORS ARE DEDICATED TO WORKING WITH FAMILIES TO PROVIDE GUIDANCE REGARDING AVAILABLE FINANCIAL ASSISTANCE WHICH ENSURES THAT ITS PATIENT POPULATION RECEIVES THE CRITICAL CARE IT NEEDS ADDITIONALLY, CHILDREN'S PROVIDES PATIENT ASSISTANCE TO HELP IDENTIFY COMMUNITY-BASED RESOURCES, FACILITATE SERVICES AND PROVIDE APPROPRIATE REFERRAL ASSISTANCE TO HELP WITH CONTINUITY OF CARE INPATIENT PROCESS THIS PROCESS APPLIES TO PATIENTS WHO ARE BEING ADMITTED FOR OBSERVATION, SURGERY OR OTHER INPATIENT SERVICES IF THE PATIENT IS PRE-SCHEDULED, CHILDREN'S PATIENT ACCESS WORKS TO CONTACT THE FAMILY PRIOR TO ADMISSION TO ARRANGE FOR A FINANCIAL SCREENING APPOINTMENT REGARDLESS OF WHETHER AN APPOINTMENT IS SET PRIOR TO ADMISSION, THE PATIENT FINANCIAL COUNSELING TEAM WORKS WITH THE FAMILY TO DETERMINE THEIR SELF-PAY STATUS (EITHER NON-COMMERCIAL OR GOVERNMENT INSURANCE) AND SUBSEQUENTLY WORKS WITH THEM TO SCREEN FOR FINANCIAL ASSISTANCE OPTIONS OUTPATIENT PROCESS WHEN A PATIENT SCHEDULES A NON-EMERGENT OR URGENT OUTPATIENT CLINIC VISIT, THEY WILL IDENTIFY THEMSELVES AS SELF-PAY IF THEY DO NOT HAVE EITHER COMMERCIAL OR GOVERNMENT INSURANCE AT THIS POINT, THEY ARE GIVEN TWO OPTIONS (1) PAY $200 DEPOSIT AT THE TIME OF APPOINTMENT AND BE BILLED ANY REMAINING BALANCE OR (2) SCHEDULE TIME WITH PATIENT FINANCIAL COUNSELING FOR ASSISTANCE IF THE PATIENT WAS SEEN IN THE EMERGENCY DEPARTMENT OR URGENT CARE WITHOUT THE PRE-SCREEN, THEY STILL HAVE THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE WITH THE PATIENT FINANCIAL COUNSELING OFFICE ALL SELF-PAY FAMILIES ARE AUTOMATICALLY GIVEN A 35 PERCENT DISCOUNT THE CHILDREN'S HOSPITAL HAS A FORMAL POLICY REGARDING ELIGIBILITY CRITERIA FOR CHARITY CARE THE DECISION TO PROVIDE CHARITY CARE WILL BE, IN ALL CASES, BASED ON A REVIEW OF THE INCOME, ASSETS AND LIABILITIES OF THE FAMILY AT THE TIME OF ADMISSION TO THE HOSPITAL OR CLINIC THE LEVELS OF CHARITY CARE AND FINANCIAL ASSISTANCE PROVIDED BY THE CHILDREN'S HOSPITAL WILL BE DETERMINED BASED ON FEDERAL POVERTY GUIDELINES WHICH MAY BE ADJUSTED UP TO 200 PERCENT AND REVISED FROM TIME TO TIME FAMILIES WITH ADJUSTED GROSS INCOME BETWEEN 200 PERCENT AND 400 PERCENT OF FEDERAL POVERTY GUIDELINES MAY ALSO BE CONSIDERED FOR CHARITY CARE WITH A CAP FOR OUT-OF-POCKET RESPONSIBILITY DETERMINATION OF ELIGIBILITY WILL BE EFFECTIVE FOR SIX MONTHS AND APPLY TO ALL PATIENTS REGARDLESS OF IMMIGRATION STATUS THE CHILDREN'S HOSPITAL WORKS TO PROVIDE NECESSARY HOSPITAL-RELATED SERVICES CONSISTENT WITH ITS MISSION, ITS STATUS AS A NONPROFIT HOSPITAL AND ITS STEWARDSHIP RESPONSIBILITY TO ITS DONORS

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

THE CHILDREN'S HOSPITAL SERVES INFANTS, TODDLERS, ADOLESCENTS, TEENS AND YOUNG ADULTS, PRIMARILY FROM NEWBORNS THROUGH AGE 21 THE CHILDREN'S HOSPITAL ALSO TREATS INDIVIDUALS OVER THE AGE OF 21 WITH SPECIAL NEEDS OR CONGENITAL DISORDERS THAT REQUIRE CONTINUED CARE CHILDREN, NEWBORN TO AGE 2, REPRESENT THE LARGEST PROPORTION OF THE POPULATION SERVED BY THE CHILDREN'S HOSPITAL IN THE STATE OF COLORADO, THERE ARE APPROXIMATELY ONE MILLION CHILDREN AND ADOLESCENTS, 70 PERCENT RESIDE WITHIN DENVER'S SEVEN COUNTY METROPOLITAN AREA, BORDERED ON THE NORTH BY BROOMFIELD COUNTY AND ON THE SOUTH BY DOUGLAS COUNTY THE CHILDREN'S HOSPITAL SERVES PATIENTS AND FAMILIES FROM THE SEVEN-STATE MOUNTAIN REGION, WITH 10 PERCENT OF ITS PATIENT POPULATION TRAVELING FROM OUT OF THE STATE IN ADDITION, THE CHILDREN'S HOSPITAL DELIVERS HIGH QUALITY CARE IN MORE THAN 400 OUTREACH CLINICS OUTSIDE ITS PRIMARY SERVICE AREA EACH YEAR DEMOGRAPHICALLY, CHILDREN SERVED HAVE DIVERSE CULTURAL AND ETHNIC BACKGROUNDS -- THE CHILDREN'S HOSPITAL TRANSLATES MEDICAL CARE AND EDUCATION INSTRUCTIONS INTO 65 LANGUAGES (INCLUDING SIGN LANGUAGE) TO DELIVER CULTURALLY SENSITIVE, HIGH QUALITY PEDIATRIC HEALTHCARE THE MAJORITY OF ITS PATIENTS SPEAK ENGLISH, FOLLOWED BY SIGNIFICANT NUMBERS OF FAMILIES WHO SPEAK SPANISH, ARABIC, BURMESE, VIETNAMESE, SOMALIAN, RUSSIAN, AND KOREAN THE CHILDREN'S HOSPITAL IS THE LARGEST PROVIDER OF HEALTH CARE SERVICES FOR LOW INCOME CHILDREN IN COLORADO, WITH 44 6 PERCENT OF ALL PATIENTS SERVED COVERED BY MEDICAID INSURANCE OR OTHER GOVERNMENT PROGRAMS, 53 2 PERCENT OF CHILDREN ARE INSURED BY COMMERCIAL INSURANCE, WHILE 2 2 PERCENT OF CHILDREN ARE NOT INSURED

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

KOHL'S SHAKEN BABY SYNDROME CAMPAIGN THE KOHL'S SHAKEN BABY SYNDROME (SBS) CAMPAIGN IS A SIGNIFICANT EXAMPLE OF HOW THE CHILDREN'S HOSPITAL WORKS WITH COMMUNITY PARTNERS TO ACTIVELY ADVOCATE FOR COMMUNITY HEALTH IMPROVEMENT THE KOHL'S SBS PREVENTION CAMPAIGN WAS DEVELOPED BY THE CHILDREN'S HOSPITAL IN 2006 IN RESPONSE TO AN INCREASING NUMBER OF CHILD ABUSE DEATHS AND INJURIES AMONG CHILDREN ADMITTED TO THE HOSPITAL, MANY OF WHICH INVOLVED A BABY OR YOUNG CHILD WHO HAD BEEN SHAKEN IN CONDUCTING AN ASSESSMENT OF STATEWIDE RESOURCES TO PREVENT SBS, IT BECAME CLEAR THERE WAS A NEED FOR PREVENTION IN COLORADO, SO THE CHILDREN'S HOSPITAL TOOK THE LEAD FOR THE PAST FOUR YEARS, CHILDREN'S HAS EXPANDED THIS EFFORT THE KOHL'S SBS PREVENTION CAMPAIGN USES A COMBINED APPROACH OF PUBLIC AWARENESS AND COMMUNITY EDUCATION TO REACH NEARLY THREE MILLION ADULTS EACH YEAR THE FOCUS OF THE CAMPAIGN IS TO EDUCATE PARENTS AND CAREGIVERS ABOUT INFANT CRYING AND TO OFFER TIPS ON SOOTHING A CRYING BABY AS WELL AS HOW TO MANAGE CAREGIVER FRUSTRATIONS THAT MAY ARISE RESEARCH CONDUCTED IN 2009 DEMONSTRATED THAT THE CAMPAIGN HAS FOSTERED A HIGH LEVEL OF AWARENESS OF SBS IN THE COMMUNITY AND IN PARTICULAR, INDIVIDUALS EXPOSED TO THE CAMPAIGN LEARNED SOMETHING NEW AND WERE LIKELY TO ACT ON WHAT THEY HAD LEARNED AND/OR SHARE INFORMATION WITH OTHERS SAFE KIDS DENVER METRO COALITION THE CHILDREN'S HOSPITAL LEADS THE SAFE KIDS DENVER METRO COALITION THE MISSION OF THE SAFE KIDS DENVER COALITION IS TO IDENTIFY AND PREVENT INJURIES IN CHILDREN AGES 14 AND YOUNGER THROUGH A COMBINED PROGRAM OF EDUCATION, RESEARCH, ADVOCACY AND MEDIA ACCIDENTAL CHILDHOOD INJURY IS A LEADING KILLER OF CHILDREN 14 AND UNDER, SO EFFORTS TO EDUCATE ABOUT SAFETY, INJURY AND TRAUMA PREVENTION ARE CRITICAL TO HELP AVOID THESE UNNECESSARY TRAGEDIES EXAMPLES OF ACTIVITIES THAT THE CHILDREN'S HOSPITAL AND SAFE KIDS PROMOTES ARE CAR SEAT INSPECTIONS, BICYCLE HELMET SAFETY EDUCATION AND DISTRIBUTION OF CARBON MONOXIDE ALARMS IN 2009, SAFE KIDS DENVER METRO WAS NAMED "COALITION OF THE YEAR" BY SAFE KIDS WORLDWIDE KIWANIS PEDIATRIC TRAUMA INSTITUTE THE CHILDREN'S HOSPITAL HAS PARTNERED WITH THE ROCKY MOUNTAIN KIWANIS DISTRICT TO CREATE THE KIWANIS PEDIATRIC TRAUMA INSTITUTE (KPTI) KPTI CONDUCTS INJURY RESEARCH, PREVENTION AND OUTREACH EDUCATION IN HIGH RISK AREAS SUCH AS FALLS, MOTOR VEHICLE CRASHES, CHILD ABUSE, BURNS, NEAR-DROWNINGS, POISONINGS AND INJURIES INCLUDING AUTO-PEDESTRIAN, HEAD, SPORTS, PLAYGROUND, DOG BITES, ALL-TERRAIN VEHICLE, LAWN MOWER, BICYCLE, INFANT WALKER AND MORE THE CHILDREN'S KPTI PARTNERSHIP ALSO MANAGES A JUNGLEMOBILE PROGRAM THAT PROVIDES EFFECTIVE INJURY PREVENTION EDUCATION TO YOUNG CHILDREN, AGES THREE TO SEVEN, THROUGHOUT THE RURAL AREAS OF COLORADO, WYOMING, AND WESTERN NEBRASKA AN AMBULANCE, NO LONGER USED BY THE HOSPITAL, HAS BEEN CONVERTED INTO AN INTERACTIVE TEACHING VEHICLE WITH A JUNGLE THEME ENTICING CHILDREN TO LEARN ABOUT SAFETY ISSUES IN A KID-FRIENDLY AND ENTERTAINING ATMOSPHERE OTHER EXAMPLES THE HOSPITAL PARTICIPATES IN NEIGHBORHOOD COLLABORATIONS SUCH AS AURORA PUBLIC SCHOOLS ADOPT-A-SCHOOL EFFORTS AND THE AURORA ACCESS TO CARE TASK FORCE ADDITIONALLY, THE HOSPITAL HAS ESTABLISHED NEW COALITIONS SUCH AS SERVING AS THE LEAD AGENCY FOR COLORADO'S SAFE ROUTES TO SCHOOL NETWORK, WHICH WILL INFLUENCE POLICIES AND RESOURCES TO PROMOTE COLORADO YOUTH SAFELY WALKING AND BICYCLING TO SCHOOL ENVIRONMENTAL IMPROVEMENTS THE CHILDREN'S HOSPITAL DEVOTED MORE THAN $740,000 IN 2009 TO EFFORTS SUCH AS SUPPORTING NEIGHBORHOOD PHYSICAL IMPROVEMENTS, RELIEVING TRAFFIC CONGESTION, PROMOTING ALTERNATIVE TRANSPORTATION/IMPROVING AIR QUALITY, AND ENHANCING HOSPITAL RECYCLING EFFORTS

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

IN 2009 THE CHILDREN'S HOSPITAL PROVIDED $116,489,056, 21 96% OF TOTAL OPERATING EXPENSES, IN BENEFIT TO THE COMMUNITY BY COMMITTING TO IMPROVING THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH-QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY IT WORKS TO DELIVER ON THIS MISSION NOT ONLY IN THE DENVER METRO AREA AND THE STATE OF COLORADO, BUT ALSO THROUGHOUT ITS SURROUNDING SEVEN-STATE REGION ELECTRONIC HEALTH RECORDS THE CHILDREN'S HOSPITAL IS LEADING THE WAY IN PIONEERING ADVANCES IN THE MEDICAL INDUSTRY THAT WILL NOT ONLY BENEFIT ITS COMMUNITY BUT HEALTHCARE THROUGHOUT THE NATION THE CHILDREN'S HOSPITAL WAS THE FIRST FREE-STANDING PEDIATRIC FACILITY IN THE NATION TO HAVE A FULLY-INTEGRATED ELECTRONIC HEALTH RECORD (EHR), INCLUDING COMPUTER-PHYSICIAN ORDER ENTRY AND PROVIDER DOCUMENTATION IN 2009, THE CHILDREN'S HOSPITAL, KAISER PERMANENTE, DENVER HEALTH AND THE UNIVERSITY OF COLORADO HOSPITAL CONTINUED TO LEAD THE COLORADO REGIONAL HEALTH INFORMATION ORGANIZATION (CORHIO) THE MISSION OF CORHIO IS TO IMPROVE THE SAFETY OF PATIENT CARE BY LINKING PATIENT INFORMATION FROM ONE INSTITUTION TO ANOTHER EVEN WHEN THEY ARE USING DIFFERENT COMPUTER SYSTEMS ADDITIONALLY, THE CHILDREN'S HOSPITAL IS BUILDING THIS CAPACITY WITHIN THE BROADER COMMUNITY REGARDING USAGE OF EHRS BY HELPING COMMUNITY PRACTICES INTEGRATE EHR TECHNOLOGY THROUGH ITS PEDSCONNECT PROGRAM IN 2009, TWO PRACTICES JOINED PEDSCONNECT, THE HOSPITAL EXPECTS SIGNIFICANTLY MORE PRACTICES TO JOIN PEDSCONNECT IN THE YEARS TO COME PARTNERING WITH PRIMARY CARE PHYSICIANS THE CHILDREN'S HOSPITAL WORKS CLOSELY WITH PRIMARY CARE PHYSICIANS AND FAMILY PRACTICES IN THE COMMUNITY TO ENSURE THAT CHILDREN HAVE A MEDICAL HOME AND EXPERIENCE A CONTINUUM OF CARE IT HAS DEVELOPED CLINICAL PATHWAYS FOR CHRONIC CONDITIONS SUCH AS ASTHMA THAT HELP PRIMARY CARE PROVIDERS AND FAMILIES MANAGE ONGOING HEALTH CONDITIONS FOR THEIR CHILDREN THE CHILDREN'S HOSPITAL ALSO ACTIVELY SUPPORTS AND PROVIDES IMMUNIZATIONS IN COLLABORATION WITH THE COMMUNITY THROUGH ONGOING EDUCATION AND IMMUNIZATION FAIRS MEDICAL FACULTY PROFILE THE CHILDREN'S HOSPITAL HAS AN OPEN MEDICAL STAFF, MEANING COMMUNITY PRACTITIONERS CAN HOLD PRIVILEGES AT THE HOSPITAL IT HAS APPROXIMATELY 1,500 MEDICAL STAFF MEMBERS THAT INCLUDE ADVANCED PRACTICE NURSES, MORE THAN HALF OF WHOM ARE COMMUNITY-BASED THOUGH THERE ARE THOUSANDS OF REFERRING PROVIDERS ALONG THE FRONT RANGE OF THE ROCKY MOUNTAINS AND THE PRAIRIES, THE CHILDREN'S HOSPITAL'S COMMUNITY STAFF MEMBERS ARE ITS FRONT-LINE PARTNERS IN ADVANCING A CONTINUUM OF CARE FOR YOUNG PATIENTS ITS COMMUNITY CLINICAL STAFF MEMBERS PROVIDE TRAINING OPPORTUNITIES IN PRIMARY CARE FOR MEDICAL STUDENTS AND RESIDENTS HELPING TO BROADEN THE MEDICAL EDUCATION OF TOMORROW'S PEDIATRIC DOCTORS THE CHILDREN'S HOSPITAL IS AFFILIATED WITH FAMILY MEDICINE RESIDENCY PROGRAMS IN COLORADO AND WYOMING THIS PROVIDES FOR A PEDIATRIC ROTATION AT THE HOSPITAL WHICH PROVIDES A SIGNIFICANT BENEFIT TO THE REGION THAT HAS A LARGE RURAL POPULATION AND A SHORTAGE OF RURAL PHYSICIANS THE CHILDREN'S HOSPITAL ALSO ENSURES THAT THE PRIMARY CARE PERSPECTIVE IS ADDRESSED IN DISCUSSIONS ABOUT HOW TO BEST PROVIDE THE BROADEST SPECTRUM OF CARE TO THE REGION'S CHILDREN BOARDS AND COMMITTEES BOTH THE HOSPITAL STAFF AND COMMUNITY STAFF SERVE ON VARIOUS BOARDS AND COMMITTEES, SUCH AS THE COLORADO CHILDREN'S IMMUNIZATION COALITION, THE STATE TRAUMA BOARD, VARIOUS HEALTH ADVISORY BOARDS AND NUMEROUS SCHOOL HEALTH PROGRAMS MANY PARTICIPATE IN INTERNATIONAL MISSIONS TO IMPROVE THE HEALTH OF CHILDREN WORLDWIDE THE COLORADO CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE, FOUNDED IN 2008, SPECIFICALLY PROMOTES COLLABORATION BETWEEN PRIMARY CARE PHYSICIANS AND PRINCIPLE INVESTIGATORS TO ENSURE A "CONTINUUM OF RESEARCH" THAT BROADENS PARTICIPATION IN BASIC RESEARCH AND FACILITATES THE TRANSLATION OF RESEARCH ADVANCES TO PRIMARY CARE APPLICATIONS TO ENSURE ALL CHILDREN IN THE COMMUNITY HAVE ACCESS TO PEDIATRIC SERVICES, THE CHILDREN'S HOSPITAL HAS PARTNERED WITH DENVER HEALTH AND HOSPITALS TO HELP SERVE THE MEDICAID POPULATION THE CHILDREN'S HOSPITAL'S FACULTY PROVIDE TIME AND SUPPORT TO DENVER HEALTH AND THE PEDIATRIC POPULATION IN ITS PRIMARY METRO SERVICE AREA ADVOCACY AS PART OF ITS ONGOING MISSION, THE CHILDREN'S HOSPITAL IS COMMITTED TO ADVOCATING ON BEHALF OF CHILDREN BY WORKING TO INFLUENCE PUBLIC POLICY BOTH AT A HIGH LEVEL AND THROUGH GRASSROOTS SUPPORT IT PROACTIVELY SUPPORTS LEGISLATION ON BEHALF OF PEDIATRIC HEALTHCARE INTERESTS ON A LOCAL, STATE AND NATIONAL LEVEL BOTH COMMUNITY AND HOSPITAL STAFF SERVE ON ADVOCACY COMMITTEE GROUPS THAT INFLUENCE LEGISLATION THAT PROMOTES CHILDREN'S HEALTHCARE ISSUES THE CHILDREN'S HOSPITAL HAS ALSO DEVELOPED A GRASSROOTS ADVOCACY NETWORK TO MAKE IT SIMPLE FOR ALL COMMUNITY MEMBERS TO SPEAK UP ON BEHALF OF CHILD HEALTH ISSUES WHICH SIGNIFICANTLY ADDS POWER TO THE EFFORTS THE HOSPITAL CONDUCTS ON ITS OWN DURING 2009, THE CHILDREN'S HOSPITAL PLAYED A SIGNIFICANT ROLE IN THE PASSAGE OF LEGISLATION TO EXPAND PUBLIC HEALTH PROGRAMS TO LOW INCOME AND WORKING CLASS CHILDREN AND FAMILIES OTHER SUCCESSFUL EFFORTS INCLUDED EXPANDING PRIVATE INSURANCE COVERAGE FOR CHILDREN WITH AUTISM AND REQUIRING CARBON MONOXIDE DETECTORS IN RESIDENTIAL DWELLINGS SIBLING CARE THE CHILDREN'S HOSPITAL PROVIDES SPECIAL SERVICES TO PATIENTS' SIBLINGS IN 2006, THE CHILDREN'S HOSPITAL CREATED A SIBLING DAY CAMP FOR SIBLINGS OF PATIENTS RECEIVING TREATMENT IN CHILDREN'S CENTER FOR CANCER AND BLOOD DISORDERS THIS CAMP HAS BEEN ACTIVELY RUNNING FOR THREE YEARS AND IS A CRITICAL COMPONENT OF FAMILY CENTERED CARE THE BROTHERS AND SISTERS OF PATIENTS AT THE CHILDREN'S HOSPITAL OFTEN LIVE IN THE SHADOW OF THEIR SIBLING'S ILLNESS THESE CHILDREN SENSE THEIR PARENTS ARE ALREADY OVERWHELMED AND DON'T FEEL COMFORTABLE VOCALIZING THEIR FEELINGS AND FEEL EXCLUDED THE CAMP OFFERS THESE CHILDREN AN OPPORTUNITY TO EXPRESS THEIR FEELINGS THROUGH DISCUSSION, PLAY ACTIVITIES AND EXPRESSIVE ART THERAPY AT THE END OF THE DAY, THEIR PARENTS ARE INVITED TO A SHOW-AND-TELL TO LISTEN TO THEIR CHILDREN PRESENT THEIR ART PROJECTS, WHICH REPRESENT THEMSELVES AND THEIR FAMILY HOSPITAL SPORTS PROGRAM OUTSIDE THE HOSPITAL, STAFF AND VOLUNTEERS FROM THE CHILDREN'S HOSPITAL COLLABORATE WITH WINTER PARK SKI RESORT FOR THE CHILDREN'S HOSPITAL SPORTS PROGRAM (TCH HSP), UNDER THE TUTELAGE OF THE NATIONAL SPORTS CENTER FOR THE DISABLED THIS PROGRAM PROVIDES CHILDREN WITH PHYSICAL DISABILITIES (SUCH AS AMPUTATIONS, SPINA BIFIDA, CEREBRAL PALSY, AND HEAD AND SPINAL-CORD INJURIES) THE OPPORTUNITY TO ACCOMPLISH SEEMINGLY IMPOSSIBLE GOALS EACH SEASON, APPROXIMATELY 60 CHILDREN SKI, SNOWBOARD OR SIT-SKI WITH THE TCH HSP THE PROGRAM, POSSIBLY THE FIRST IN THE NATION FOR CHILDREN WITH PHYSICAL DISABILITIES, BEGAN MORE THAN 40 YEARS AGO TODAY, PROGRAMS AROUND THE WORLD ARE BASED ON THE CHILDREN'S HOSPITAL'S MODEL A HOSPITAL FACULTY PHYSICIAN DIRECTS THE PROGRAM AS A VOLUNTEER MEDICAL DIRECTOR FOR TEN WEEKENDS EVERY WINTER MORE THAN 65 VOLUNTEERS ALSO SUPPORT THE PROGRAM EVERY YEAR, AMOUNTING TO APPROXIMATELY 7,000 VOLUNTEER HOURS BURN PROGRAM THE BURN PROGRAM IS THE ONLY PROGRAM IN THE STATE OF COLORADO DEDICATED TO TREATING PEDIATRIC BURN PATIENTS AND PROVIDING BURN PREVENTION EDUCATION THE PROGRAM WAS ESTABLISHED MORE THAN 30 YEARS AGO TO TREAT ALL ASPECTS OF A BURN OR SKIN INJURY IN BABIES, CHILDREN AND TEENS AND INCLUDES REHABILITATION AND SCAR RECONSTRUCTION THE HOSPITAL INVOLVES THE FAMILY IN ALL ASPECTS OF HEALING FOR EXAMPLE, THE HOSPITAL ENCOURAGES PARENTS TO PARTICIPATE IN THEIR CHILD'S DRESSING CHANGES THE PROGRAM ALSO PROVIDES A SOCIAL WORKER TO HELP A SIBLING COPE WITH A BROTHER OR SISTER'S INJURY THE CHILDREN'S HOSPITAL AND CHELEY BURN CAMP WAS THE FIRST OF ITS KIND IN THE NATION THE CAMP IS ONE OF FIVE MEDICAL SPECIALTY CAMPS PROVIDED BY THE CHILDREN'S HOSPITAL THAT COMBINES A MULTIDISCIPLINARY MEDICAL TEAM AND OUTDOOR SPECIALISTS THE CAMPS ARE DESIGNED SPECIFICALLY FOR CHILDREN AND YOUNG ADULTS WHO HAVE SUSTAINED A BURN INJURY THE CAMPS OFFER CHILDREN AN OPPORTUNITY TO GROW AND DEVELOP THROUGH A SERIES OF INTERCONNECTED PROGRAMS THAT FOSTER THEIR ABILITY TO DISCOVER NEW ACTIVITIES CHILDREN HAVE A CHANCE TO PARTICIPATE IN FUN, OUTDOOR ACTIVITIES WHILE BUILDING TRUST WITHIN THEMSELVES AND WITH OTHERS FREE SERVICES FOR PARENTS THE CHILDREN'S HOSPITAL PROVIDES SERVICES TO PARENTS - FREE OF CHARGE - THAT EDUCATE AND GUIDE THEM THROUGH COMMON CONCERNS AND QUESTIONS OFTEN, PARENTS NEED QUICK TIPS, IDEAS AND ALTERNATE APPROACHES TO VARIOUS CHILDHOOD ISSUES THE CHILDREN'S HOSPITAL'S PARENT ADVICE LINE PROVIDES THESE QUICK TIPS ON MORE THAN 275 TOPICS RELATED TO THE HEALTH OF THEIR INFANTS, CHILDREN AND TEENAGERS THE MESSAGES WERE DEVELOPED BY ONE OF THE CHILDREN'S HOSPITAL'S PEDIATRICIANS THE CHILDREN'S HOSPITAL PROVIDES CONSUMER HEALTH INFORMATION TO THE PUBLIC THROUGH ITS FAMI

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 84-0166760
Name: THE CHILDREN'S HOSPITAL ASSOCIATION

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CHILDRENS HOSPL NORTH CAMPUS BROOMFIELD 469 WEST STATE HIGHWAY 7 BROOMFIELD,CO 80023			X				X		
THE CHILDREN'S HOSPITAL PUEBLO 704 FORTINO BOULEVARD SUITE A PUEBLO,CO 81008			X						
THE CHILDREN'S HOSPITAL PARKER 19284 COTTONWOOD DRIVE PARKER,CO 80138	X		X	X			X		
THE CHILDREN'S HOSPL PARKER ADVENTIST 9395 CROWN CREST BOULEVARD PARKER,CO 80138			X						
THE CHILDREN'S HOSPITAL S SURGERY CTR 9218 KIMMER DRIVE LONE TREE,CO 80124			X						
THE CHILDREN'S HOSPITAL CENTENNIAL 9094 E MINERAL AVENUE SUITE 110 CENTENNIAL,CO 80112			X						
CHILDREN'S AFTER HOURS CARE AT LITTLETON 7700 S BROADWAY LITTLETON,CO 80122			X						
THE CHILDREN'S HOSPITAL LITTLETON 151 W COUNTY LINE ROAD LITTLETON,CO 80129			X						
KIDSTREET 3615 MARTIN LUTHER KING BLVD DENVER,CO 80205			X						
CHILDREN'S HOSPITAL AT ST JOSEPH HOSPL 1830 FRANKLIN STREET DENVER,CO 80218	X		X				X		
THE CHILDREN'S HOSPITAL AT LUTHERAN 3455 LUTHERAN PARKWAY SUITE 230 WHEAT RIDGE,CO 80033			X						
THE CHILDREN'S HOSPITAL WESTMINSTER 7577 W 103RD STREET SUITE 200 WESTMINSTER,CO 80021			X						
THE CHILDREN'S HOSPITAL ASSOCIATION 13123 E 16TH AVENUE AURORA,CO 80045	X		X	X		X	X		
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS,CO 80907			X						
TCH CTR FOR CANCER & BL DIS LITTLETON 7720 S BROADWAY LITTLETON,CO 80122			X						
CARE BY TCH PARKER 9399 CROWN CREST BLVD PARKER,CO 80138			X						
TCH PULMONARY CARE CENTENNIAL 7960 S UNIVERSITY BLVD CENTENNIAL,CO 80112			X						

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL ASSOCIATION

Employer identification number
84-0166760

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**		No
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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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)** Retirement and other 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 reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION		SCHEDULE J, PART I, LINE 4A MAREN STEWART RECEIVED SEVERANCE OF $104,935 DURING 2009 SCHEDULE J, PART I, LINE 4B THE CHILDREN'S HOSPITAL ASSOCIATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WAS FROZEN LEONARD J DRYER, JR IS THE ONLY PARTICIPANT IN THE PLAN THERE WERE NO CONTRIBUTIONS OR PAYOUTS DURING 2009 SCHEDULE J, PART I, LINE 7 CERTAIN INDIVIDUALS ARE ELIGIBLE TO PARTICIPATE IN THE CHILDREN'S HOSPITAL ASSOCIATION INCENTIVE PLAN, THE COMPONENTS OF WHICH INCLUDE ACHIEVEMENT OF ORGANIZATIONAL PERFORMANCE GOALS AND INDIVIDUAL PERFORMANCE GOALS BECAUSE THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE THIS PLAN AT ANY TIME, FOR ANY REASON, AT ITS SOLE DISCRETION AND BECAUSE OF CERTAIN OTHER CONDITIONS OF THE PLAN, LINE 7 REGARDING "NON-FIXED PAYMENTS" IS ANSWERED YES NOTE THAT PRIOR TO THE PAYMENT OF ANY AMOUNTS TO AN INDIVIDUAL WHO IS A CONSIDERED A DISQUALIFIED PERSON, THE COMPENSATION COMMITTEE SHALL CERTIFY IN WRITING THE EXTENT TO WHICH THE PERFORMANCE FACTORS ESTABLISHED BY THE COMPENSATION COMMITTEE HAVE BEEN SATISFIED AND SHALL APPROVE THE PAYMENT OF SUCH BONUSES TO SUCH INDIVIDUALS SEE SCHEDULE O DISCLOSURE FOR PART VI, LINES 15A/B FOR ADDITIONAL INFORMATION ON EXECUTIVE COMPENSATION FORM 990, PART VII, LINE 5 THE CHILDREN'S HOSPITAL ASSOCIATION PAID UNIVERSITY PHYSICIANS INCORPORATED, AN UNRELATED TAX-EXEMPT ORGANIZATION, FOR SERVICES FROM THE FOLLOWING INDIVIDUALS JOAN BOTHNER, M D - $320,954 BASE COMPENSATION DENNIS MATTHEWS - $167,731 BASE COMPENSATION STEPHEN DANIELS - $330,300 BASE COMPENSATION MORITZ ZIEGLER, M D - $329,996 BASE COMPENSATION DANIEL HYMAN, M D - $308,363 BASE COMPENSATION

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 84-0166760
Name: THE CHILDREN'S HOSPITAL ASSOCIATION

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				
JAMES E SHMERLING DHA	(I) (II)	686,915 0	347,781 0	24,901 0	14,400 0	14,848 0	1,088,845 0	0 0
JENA HAUSMANN	(I) (II)	300,005 0	133,555 0	43,026 0	4,600 0	14,626 0	495,812 0	0 0
LEONARD J DRYER JR	(I) (II)	446,301 0	129,454 0	51,862 0	14,400 0	14,633 0	656,650 0	0 0
MARY ANNE LEACH	(I) (II)	230,733 0	89,195 0	38,081 0	10,800 0	6,079 0	374,888 0	0 0
JOHN LACOUTURE	(I) (II)	242,683 0	77,395 0	21,286 0	0 0	14,450 0	355,814 0	0 0
KELLY JOHNSON	(I) (II)	208,145 0	15,000 0	37,660 0	9,800 0	13,862 0	284,467 0	0 0
JEFFREY HARRINGTON	(I) (II)	176,069 0	52,189 0	32,287 0	13,450 0	13,718 0	287,713 0	0 0
MICHAEL WUKITSCH	(I) (II)	187,023 0	56,146 0	34,558 0	14,102 0	14,526 0	306,355 0	0 0
SUZY JAEGER	(I) (II)	153,387 0	46,324 0	31,193 0	10,467 0	13,699 0	255,070 0	0 0
JERROD MILTON	(I) (II)	145,540 0	43,760 0	19,721 0	11,465 0	10,454 0	230,940 0	0 0
BETH GAFFNEY	(I) (II)	136,634 0	49,820 0	36,882 0	13,224 0	7,152 0	243,712 0	0 0
MAREN STEWART	(I) (II)	6,619 0	56,330 0	135,578 0	0 0	13,567 0	212,094 0	0 0
LINDA POWERS	(I) (II)	163,627 0	37,787 0	20,318 0	10,275 0	13,862 0	245,869 0	0 0
MARGI MORSE	(I) (II)	138,174 0	36,093 0	24,549 0	9,488 0	11,171 0	219,475 0	0 0
JOHN STRAIN	(I) (II)	341,169 0	0 0	38,731 0	14,400 0	14,285 0	408,585 0	0 0
LAURA FENTON	(I) (II)	367,505 0	0 0	16,336 0	14,400 0	11,343 0	409,584 0	0 0
JAMES INGRAM	(I) (II)	343,491 0	0 0	38,740 0	14,400 0	11,591 0	408,222 0	0
THOMAS HAY	(I) (II)	344,360 0	0 0	38,740 0	14,400 0	14,285 0	411,785 0	0 0
KARI HAYES	(I) (II)	366,806 0	0 0	16,740 0	14,400 0	10,949 0	408,895 0	0 0
JOAN BOTHNER MD	(I) (II)	320,954 0	0 0	0 0	0 0	0 0	320,954 0	0 0
DENNIS MATTHEWS	(I) (II)	167,731 0	0 0	0 0	0 0	0 0	167,731 0	0 0
STEPHEN DANIELS	(I) (II)	330,300 0	0 0	0 0	0 0	0 0	330,300 0	0 0
MORITZ ZIEGLERMD	(I) (II)	329,996 0	0 0	0 0	0 0	0 0	329,996 0	0 0
DANIEL HYMAN MD	(I) (II)	308,363 0	0 0	0 0	0 0	0 0	308,363 0	0 0
AMY CASSERI	(I) (II)	206,241 0	64,712 0	73,092 0	9,416 0	12,775 0	366,236 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL ASSOCIATION

Employer identification number
84-0166760

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	CITY OF AURORA CO	84-6000564	05155XBT5	06-06-2008	258,814,487	SEE SCHEDULE O		X		X
B	CITY OF AURORA CO	84-6000564	05155XBV0	12-10-2008	67,580,000	SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	258,814,487	67,580,000			
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	2,564,487	580,000			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion	2008	2008			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X							
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 100 %		0 100 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %						
6	Total of lines 4 and 5		0 100 %		0 100 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X							
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL ASSOCIATION

Employer identification number
84-0166760

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

Complete if the organization 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.

Complete if the organization 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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization 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
WELLS FARGO-TOM HONIG IS REG PRES	TOM HONIG-TCH DIRECTOR	403,802	BANKING SERVICE FEES		No
LOCKTON COMPANY	LINDSAY-TCH DIRECTOR	400,000	CONSULTING FEES		No
PHIPPS CONSTRUCTION	KAY-TCH DIRECTOR	11,356,456	CONSTRUCTION FFES		No
CHILDREN'S NORTH SURGERY CENTER LL	HARRINGTON&HAUSMANN/OFFCR	352,000	BUILDING RENTAL		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL ASSOCIATION

Employer identification number
84-0166760

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
VOLUNTEERS	FORM 990, PART I, LINE 6	VOLUNTEERS CHAPTERS AT THE CHILDREN'S HOSPITAL THE VOLUNTEER CHAPTERS WITHIN THE ASSOCIATION OF VOLUNTEERS AT CHILDREN'S PROVIDE A VARIETY OF SERVICES TO THE HOSPITAL, OUR PATIENTS AND THEIR FAMILIES THE CHAPTER VOLUNTEERS FUNCTION BOTH AS VOLUNTEERS IN THE HOSPITAL, AS WELL AS COMMUNITY-BASED VOLUNTEERS BOULDER CHAPTER (1967) THE BOULDER CHAPTER BEGAN AS A CIRCLE OF FRIENDS DEDICATED TO MEETING THE NEED OF FUNDING REQUESTS FOR NON-CAPITAL IMPROVEMENTS AT THE CHILDREN'S HOSPITAL THEIR INITIAL PROJECTS WERE GOLF TOURNAMENTS, AUCTIONS AND MORE CURRENTLY, THE CHAPTER HOSTS THE FOLLOWING EVENTS * A DAY AT HIGHLAND HILLS MINIATURE GOLF AND RACEWAY IN JUNE * A COOPERATIVE EFFORT WITH GIAMBRACCO AND SONS GARDEN CENTER DURING THE SPRING AND SUMMER, PROCEEDS OF FLOWER SALES BENEFIT THE CHAPTER * TEDDY BEAR TEA AT THE BOULDERADO HOTEL THE SATURDAY AFTER THANKSGIVING * GIFT WRAPPING THE FIRST WEEKEND OF DECEMBER AT THE BOULDER BARNES & NOBLE BOOKSTORE THIS GROUP MEETS THE FIRST TUESDAY OF EVERY MONTH AT 7 00 P M AT A MEMBER'S HOME, WITH THE EXCEPTION OF JULY AND AUGUST CANCER CENTER CHAPTER (1993) THE CANCER CENTER CHAPTER BEGAN AS AN EFFORT TO CELEBRATE THE ART WORK OF ONCOLOGY AND BLOOD DISORDER PATIENTS CORPORATE SPONSORS WERE ESTABLISHED TO FUND THE TRANSFORMATION OF THE ARTWORK INTO WINTER HOLIDAY CARDS PROCEEDS OF THE CARDS ARE USED TO IMPROVE THE QUALITY AND SATISFACTION OF PATIENT CARE BY PROVIDING WIGS, MEDICAL BRACELETS, EYE EXAM EQUIPMENT AND TEACHING AIDES FUNDS ARE ALSO DELEGATED TO PURCHASING EQUIPMENT RELATED TO PROCESSING TUMOR SAMPLES, TEACHING MATERIALS FOR ONCOLOGY STUDENTS AND TO THE HOPE CLINIC, WHICH PROVIDES LONG TERM SERVICES FOR SURVIVORS OF CANCER CARDIAC KIDS CHAPTER (2001) THE MISSION OF THE CARDIAC KIDS CHAPTER, DEVELOPED BY MOTHERS OF CARDIAC PATIENTS, IS TO PROVIDE EMOTIONAL SUPPORT AND EDUCATION FOR THE FAMILIES OF CHILDREN WITH HEART DISORDERS THE GROUP ALSO EDUCATES THE PUBLIC REGARDING HEART DISEASE AND HEART TRANSPLANTS AMONG CHILDREN EACH DAY THE CHAPTER STRIVES TO ENHANCE THE WORK OF THE CHILDREN'S HOSPITAL HEART INSTITUTE AND HELPS TO PROMOTE ORGAN DONATION ONE OF THE CHAPTER'S PROJECTS HAS BEEN THE CREATION OF A 150-PAGE MANUAL GUIDING PARENTS THROUGH THE PROCESSES OF SURGERIES, CRITICAL CARE ISSUES, FOLLOW UP CARE AND MORE THIS CHAPTER'S EVENTS INCLUDE THE FOLLOWING * A LUNCHEON AT THE CARDIAC PHYSICIAN SEMINAR EVERY SEPTEMBER TO PROMOTE EDUCATION OF DOCTORS AND FAMILIES * A REUNION PICNIC IN JULY * PUMPKIN PATCH DAY IN OCTOBER * ALL STAR FOR HEARTS VARIETY AND TALENT SHOW IN THE FALL THIS CHAPTER MEETS MONTHLY ON THE SECOND TUESDAY OF EVERY MONTH COLORADO YOUTH CHAPTER THIS CHAPTER IS COMPRISED OF BENEFITS FROM ANNUAL THIRD PARTY EVENTS SUCH AS THE HEARTS FOR HEARTS SAKE DANCE RECITAL, SPONSORED BY THE COLORADO CENTRE OF DANCE ANOTHER VALUED EVENT IS THE ULTIMATE MARTIAL ARTS KICK-A-THON, SPONSORED BY PATRICK CHANDLER FRIENDS OF THE HOSPITAL SPORTS PROGRAM (1986) THIS CHAPTER WAS DEVELOPED TO BE A FUNDRAISING ARM OF THE HOSPITAL SPORTS PROGRAM TO PROVIDE FUNDING SO THAT CHILDREN WITH DISABILITIES CAN PARTICIPATE IN THE DISABLED SKI PROGRAM AT WINTER PARK THIS PROGRAM HELPS CHILDREN AND TEENS TO BUILD A SENSE OF FREEDOM AND SELF ESTEEM THROUGH SKIING THIS AWARD-WINNING PROGRAM ALLOWS CHILDREN TO EXPAND THEIR HORIZONS, NOT ONLY THROUGH THE SKI PROGRAM, BUT ALSO THROUGH GOLF ACTIVITIES IN ADDITION, THIS CHAPTER WAS INSTRUMENTAL IN THE CREATION OF THE COURAGE CLASSIC BIKE TOUR AND REMAINS A CRUCIAL COMPONENT FOR THE EVENT'S SUCCESS THIS CHAPTER ALSO HOSTS THE DRIVE FOR KIDS PORSCHE EVENT IN SNOWMASS, COLORADO THROUGHOUT THE YEAR, THE CHAPTER SELLS BROOMS THAT ARE HANDMADE BY MEMBERS, BLANKETS WITH KIDS' PICTURES ON THEM AND A JOHN FIELDER CALENDAR THE CHAPTER MEETS THE SECOND WEDNESDAY OF EVERY MONTH AT THE CHILDREN'S HOSPITAL WITH THE EXCEPTION OF FEBRUARY, JULY AND DECEMBER GIFT OF GRACIE (2009) THE GIFT OF GRACIE CHAPTER WAS FOUNDED BY TIFFANY PETERSON, WHOSE DAUGHTER, GRACIE, WAS A PATIENT AT THE CHILDREN'S HOSPITAL TIFFANY NOTICED A LACK OF BOOKS IN THE HOSPITAL AND AFTER FURTHER RESEARCH SHE DISCOVERED THAT MANY CHILDREN IN COLORADO DO NOT OWN A BOOK THE MISSION OF THIS CHAPTER IS TO RAISE FUNDS TO SUPPLY THE HOSPITAL WITH BOOKS THAT CHILDREN CAN PICK FROM AND TAKE HOME SOME CHAPTER MEMBERS ALSO TAKE THE TIME TO READ TO PATIENTS AT CHILDREN'S THIS GROUP, SUPPORTED BY DONATIONS, RECENTLY HOSTED ITS FIRST GOLF TOURNAMENT AND CONTINUES TO DISCUSS IDEAS FOR FUTURE FUNDRAISING ACTIVITIES HIGHLANDS RANCH CHAPTER (1990) THE HIGHLANDS RANCH CHAPTER SUPPORTS THE CHILDREN'S HOSPITAL CENTER FOR CANCER AND BLOOD DISORDERS THROUGH DONATIONS AND FUNDRAISING ACTIVITIES PAST EVENTS HAVE INCLUDED WINE TASTINGS, SILENT AUCTIONS, A CINCO DE MAYO CELEBRATION AND PARTNERING WITH LOCAL COMMUNITY EVENTS, SUCH AS THE TASTE OF HIGHLANDS RANCH CURRENTLY THE CHAPTER HOSTS THE FOLLOWING EVENTS * JEANS DAY FOR HOSPITAL EMPLOYEES IN OCTOBER * AN ANNUAL BLOOD DRIVE * ON DECEMBER 12, 2010 THE CHAPTER WILL HOST A BRUNCH WITH SANTA FROM 10 AM - 12 PM FOR KIDS A CHAMPAGNE LUNCH WILL BE HELD FOR ADULTS FROM 1-3 PM AT THE CHEROKEE CASTLE & RANCH IN CASTLE ROCK HYDROCEPHALUS INFORMATION NETWORK CHAPTER (1997) THE HYDROCEPHALUS INFORMATION NETWORK WAS DEVELOPED BY MOTHERS OF CHILDREN WHO SUFFER WITH A SYNDROME KNOWN AS "WATER ON THE BRAIN " MANY CHILDREN WITH THIS CONDITION REQUIRE AS MANY AS 20 SURGERIES BEFORE THE AGE OF 15 THIS CHAPTER'S MISSION IS DEDICATED TO RAISING AWARENESS ABOUT THIS NEUROLOGICAL CONDITION EACH YEAR, THE CHAPTER HOSTS A SUMMER WEEKEND CAMP IN ESTES PARK, WHICH INCLUDES TENTS, A CAMPFIRE, SWIMMING AND A BASEBALL GAME IN ADDITION, THE CHAPTER HOSTS A "BREAKFAST WITH SANTA" FUNDRAISER FOR THE PUBLIC AND "AN EVENING WITH SANTA" FOR THE CHAPTER AND ITS MEMBERS MORNING GLORIES CHAPTER THE MORNING GLORIES CHAPTER IS A SUPPORT GROUP THAT CREATES HAND-SEWN GOODS FOR THE CHILDREN'S HOSPITAL CHILD LIFE AND THERAPEUTIC RECREATION SPECIALISTS THEY SEW EYE PATCHES, BLANKETS, HATS FOR ONCOLOGY PATIENTS AND TINY HOSPITAL GOWNS FOR THE DOLLS CHILD LIFE SPECIALISTS USE TO TEACH PATIENTS ABOUT UPCOMING PROCEDURES THIS GROUP HOLDS "OUTINGS" INSTEAD OF MONTHLY MEETINGS AT PLACES SUCH AS BOOK BINDING COMPANIES AND MUSEUMS, SO THEY CAN STRETCH THEIR LEGS AND BACKS AFTER LONG HOURS AT SEWING MACHINES OUTINGS TAKE PLACE ON THE THIRD WEDNESDAY MORNING OF EVERY MONTH PRESCRIPTION PETS CHAPTER (1984) THE AWARD-WINNING PRESCRIPTION PET PROGRAM, ALSO KNOWN AS RXPETS, IS A DOG-ASSISTED THERAPY AND VISITATION PROGRAM THAT BEGAN IN 1984 AS A COOPERATIVE EFFORT BETWEEN CHILDREN'S AND THE DENVER AREA VETERINARY MEDICAL SOCIETY (DAVMS) SPECIALLY-TRAINED VOLUNTEER DOG OWNERS TAKE THEIR DOGS ON ROUNDS TO VISIT PATIENTS AT THE CHILDREN'S HOSPITAL IN 1984, A WRITTEN PRESCRIPTION FROM THE CHILD'S PHYSICIAN WAS NECESSARY FOR A DOG VISIT, HENCE THE NAME, "PRESCRIPTION PET PROGRAM " ALL PRESCRIPTION PET DOGS HAVE PASSED A VIGOROUS SCREENING AND HAVE BEEN APPROVED BY VETERINARIANS WHO VOLUNTEER THEIR TIME THEIR VISITS WITH PATIENTS CAN RANGE FROM A FEW MINUTES TO 15 MINUTES OR LONGER, DEPENDING ON THE CHILD'S RESPONSE AND CONDITION THE DOGS ALSO ASSIST THE MEDICAL STAFF IN THE PSYCHIATRIC UNITS AND IN THE PHYSICAL REHABILITATION DEPARTMENT THE PRESCRIPTION PET FUNDRAISERS IN 2010 INCLUDE A 14-MONTH CALENDAR OF THE PRESCRIPTION DOGS WITH PATIENTS AND PLAYING CARDS WITH THE DOGS' IMAGES THESE ITEMS CAN BE PURCHASED IN THE CHILDREN'S HOSPITAL GIFT SHOP MEETINGS ARE HELD QUARTERLY BEGINNING IN JANUARY ON THE SECOND WEDNESDAY OF THE MONTH WINDSOR GARDENS CHAPTER (1975) THE WINDSOR GARDENS CHAPTER SUPPORTS THE NEONATAL AND CARDIAC INFANT PATIENTS BY KNITTING AND CROCHETING BABY BLANKETS, BOOTIES AND HATS FOR THE TINY PATIENTS THEY ALSO MAKE HATS FOR THE CANCER AND BLOOD DISORDER PATIENTS EVERY ITEM THEY PRODUCE IS STITCHED WITH LOVE SOME OF THE MEMBERS OF THIS CHAPTER HAVE BEEN VOLUNTEERS FOR OVER 50 YEARS THIS CHAPTER HOLDS MANY FUNDRAISING EVENTS, SUCH AS THEIR SUMMER ICE CREAM AND MUSIC SOCIAL, A FALL CRAFT FAIR, BLOOD DRIVES, DANCES, BAKES SALES AND GOLF TOURNAMENTS MEETINGS ARE HELD THE THIRD MONDAY OF EVERY MONTH AT 9 30 A M , WITH THE EXCEPTION OF JULY AND DECEMBER PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4 IN 2009, THE HOSPITAL'S INPATIENT DAYS WERE 80,520 TOTAL ON CAMPUS AND OFF CAMPUS OUTPATIENT VISITS WERE 452,712, WHILE TOTAL SURGICAL CASES WERE 17,791 FOR THE YEAR FOR ADDITIONAL INFORMATION PLEASE SEE SCHEDULE H

FAMILY/BUSINESS RELATIONSHIPS FORM 990, PART VI, LINE 2 JENA HAUSMANN AND JEFFREY HARRINGTON HAVE A BUSINESS RELATIONSHIP PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, LINE 11 THE HOSPITAL'S FINANCE DEPARTMENT WORKS CLOSELY WITH HUMAN RESOURCES, CORPORATE COMPLIANCE, LEGAL AND PUBLIC RELATIONS TO GATHER ALL OF THE DATA REQUIRED TO COMPLETE THE FORM 990 THE CONTROLLER CONDUCTS A REVIEW WITH THE CFO PRIOR TO THE DRAFT BEING DISTRIBUTED TO THE BOARD OF DIRECTORS ANY NECESSARY CHANGES ARE MADE, THE FORM IS SIGNED BY THE CFO, AND A FINAL COPY IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS VIA A SECURED WEBSITE PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, LINE 12C ALL EMPLOYEES AND BOARD MEMBERS MUST PROMPTLY PROVIDE A WRITTEN DESCRIPTION OF MATERIAL FACTS OF AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST TO CORPORATE COMPLIANCE AND/OR GENERAL COUNSEL ON THE APPROPRIATE DISCLOSURE FORM SUCH DISCLOSURE WILL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF THE CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST POLICIES AND PROCEDURES FOR DISCLOSING CONFLICTS OF INTEREST ARE TO BE FOLLOWED ACCORDING TO THE INDIVIDUAL'S FUNCTION, IN COMPLIANCE WITH STATE AND FEDERAL REGULATIONS COMPLETED DISCLOSURE FORMS ARE SUBJECT TO AUDIT REVIEW BY LEGAL, THE CORPORATE COMPLIANCE PROGRAM, AND THE AUDIT AND BUSINESS ETHICS COMMITTEE OF THE BOARD OF DIRECTORS FAILURE TO COMPLY WITH CONFLICT OF INTEREST POLICIES MAY LEAD TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT OR WORKING RELATIONSHIP WITH THE CHILDREN'S HOSPITAL ASSOCIATION ONCE THE CONFLICT OF INTEREST COMMITTEE HAS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS WITH RESPECT TO A PARTICULAR AGREEMENT/CONTRACT THEN 1 THE COI COMMITTEE WILL EXERCISE DUE DILIGENCE TO DETERMINE WHETHER TCH COULD OBTAIN A MORE ADVANTAGEOUS AGREEMENT/CONTRACT WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES AND, IF APPROPRIATE, WILL APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT 2 IN CONSIDERING WHETHER TO ENTER INTO THE PROPOSED AGREEMENT/CONTRACT, THE COI COMMITTEE MAY APPROVE SUCH CONTRACT, TRANSACTION OR ARRANGEMENT ONLY IF THE DISINTERESTED PERSON OR COMMITTEE DETERMINE BY A MAJORITY VOTE THAT * THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT IN IN TCH'S BEST INTERESTS AND FOR TCH'S OWN BENEFIT, AND * THE PROPOSED TRANSACTION IS FAIR AND REASONABLE TO TCH, TAKING INTO ACCOUNT, AMONG OTHER RELEVANT FACTORS, WHETHER TCH COULD OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES PROCESS FOR DETERMINING COMPENSATION OF TOP OFFICIAL, OFFICERS, & KEY EMP FORM 990, PART VI, LINES 15A AND 15B TCH HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT REVIEWS AND APPROVES ANY PROPOSED INCREASES RELATED TO ANY OFFICERS AND KEY EMPLOYEES OF THE COMPANY THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE ALONG WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EACH YEAR ONCE A CHANGE IN COMPENSATION IS APPROVED FORMAL DOCUMENTS ARE COMPLETED, SIGNED AND FORWARDED TO THE HUMAN RESOURCE DEPARTMENT FOR IMPLEMENTATION HUMAN RESOURCES RETAIN ALL DOCUMENTATION AS TO HOW THE COMPENSATION WAS DETERMINED AND APPROVED IN THE INDIVIDUAL'S PERSONNEL FILE EXECUTIVE COMPENSATION IS FOCUSED ON TOTAL REMUNERATION -- TOTAL CASH COMPENSATION IS TARGETED AROUND THE 50TH PERCENTILE OF THE MARKET o REVIEW MARKET RATIO - SHOULD FALL BETWEEN 80% TO 120% OF MARKET o REVIEW 25TH, 50TH, AND 75TH PERCENTILE -- BASE SALARY - INDIVIDUAL QUALIFICATIONS AND PERFORMANCE DETERMINES MARKET POSITION -- VARIABLE PAY -LEADERSHIP INCENTIVE IS IN PLACE WHICH REWARDS FOR ORGANIZATIONAL PERFORMANCE WITH A SMALL COMPONENT ALSO BASED ON DIVISION PERFORMANCE o AWARDS ARE BASED ON ACHIEVEMENT OF PRE-ESTABLISHED TCH GOALS WHICH SUPPORT THE STRATEGIC PLAN -- BENEFITS - TARGETED AT THE "MIDDLE OF MARKET" DECISION FACTORS IN EXECUTIVE COMPENSATION DECISIONS -- MARKET DATA FROM INDEPENDENT COMPENSATION SURVEYS THAT REFLECT FUNCTIONALLY COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE AND SCOPE -- DIFFICULTIES IN RECRUITING AND RETAINING EXECUTIVES -- SKILLS, EXPERIENCE AND PERFORMANCE HISTORY OF INDIVIDUAL EXECUTIVES -- CRITICAL BUSINESS OR STRATEGIC ISSUES THAT THE ORGANIZATION MAY FACE o WHEN ASSESSING EXECUTIVE COMPENSATION, TCH CONSIDERS BOTH MARKET RATIO AND THE POSITION OF AN EXECUTIVE'S PAY RELATIVE TO COMPETITIVE MARKET PERCENTILES TCH WILL RARELY PAY ABOVE THE 75TH PERCENTILE OF THE MARKET REGARDLESS OF MARKET RATIO 2009 MARKET ANALYSIS o CONDUCTED BY SULLIVAN COTTER o UTILIZED APPROVED PEER GROUP FROM JUNE 2009 MEETING o ON POSITIONS WITH INSUFFICIENT DATA (LESS THAN 6 MATCHES) -- BLENDED IN CLARK EXECUTIVE COMPENSATION DATA FROM PEER GROUP -- USED EXPANDED PEER GROUP OF 22 PEDIATRIC HOSPITALS IF PEER GROUP DATA WAS INSUFFICIENT o BENCHMARKED BASE PAY AND TOTAL CASH COMPENSATION o DID NOT COMPLETE FULL REMUNERATION ANALYSIS THIS YEAR CUSTOM PEER GROUP 2009 CUSTOM PEER GROUP o ATLANTA o BOSTON o CHICAGO o CINCINNATI o COLUMBUS o DALLAS o HOUSTON o LOS ANGELES o MIAMI o MILWAUKEE o MINNEAPOLIS o PALO ALTO o PHILADELPHIA o SEATTLE o WASHINGTON D C AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC FORM 990, PART VI, LINE 19 THESE DOCUMENTS ARE MADE AVAILABLE UPON REASONABLE REQUEST METHOD USED TO DETERMINE AMOUNTS OF TRANSACTIONS WITH CONTROLLED ENTITIES SCHEDULE R, PART V, LINE 2 THE AMOUNTS REPORTED ON LINES 2(1), 2(3), 2(4), 2(5), 2(6) AND 2(7) OF SCHEDULE R, PART V ARE THE ACTUAL AMOUNTS REPORTED ON THE CHILDREN'S HOSPITAL ASSOCIATION (TCHA) FINANCIAL STATEMENTS THE AMOUNT REPORTED ON LINE 2(2) IS THE MAXIMUM AMOUNT OF THE LOAN GUARANTEED BY TCHA SCHEDULE K PART I COL F DESCRIPTION OF PURPOSE OF BONDS HOSPITAL REVENUE REFUNDING BONDS SERIES 2008 - THE PURPOSE OF THIS BOND ISSUE IS TO REFUND BONDS THAT WERE PREVIOUSLY ISSUED ON 1/22/04 AND 4/7/08 THE REMAINING WEIGHTED AVERAGE MATURITY OF THE BONDS CURRENTLY REFUNDED WAS 11 8929 YEARS HOSPITAL REVENUE REFUNDING BONDS SERIES 2008C - THE PURPOSE OF THIS BOND ISSUE IS TO REFUND BONDS THAT WERE PREVIOUSLY ISSUED ON 1/22/04 THE REMAINING WEIGHTED AVERAGE MATURITY OF THE BONDS CURRENTLY REFUNDED WAS 14 5966 YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL ASSOCIATION

Employer identification number
84-0166760

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 HEALTH CORPORATION 13123 EAST 16TH AVENUE AURORA, CO 80045 74-2235572	SUPPORTING	CO	501(C)(3)	509(A)(3) I	NA
CHILD HEALTH MANAGEMENT SERVICES INC 13123 EAST 16TH AVENUE AURORA, CO 80045 74-2266667	IT SERVICE	CO	501(C)(3)	3	NA
THE CHILDREN'S HOSPITAL FOUNDATION 13123 EAST 16TH AVENUE AURORA, CO 80045 84-0813462	FOUNDATION	CO	501(C)(3)	7	NA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
CHILDREN'S NORTH SURGERY CENTER LLC 13123 E 16TH AVENUE AURORA, CO80045	OUTPATIENT SURG	CO	NA	RELATED	-1,308,077	151,923		No	0		

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
RMCHS MANAGEMENT SERVICES 13123 E 16TH AVE AURORA, CO80045 84-0957415	BILLING	CO	NA	C CORP	9,498,272	115,488	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		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	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 84-0166760
Name: THE CHILDREN'S HOSPITAL ASSOCIATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	CHILDREN'S NORTH SURGERY CENTER LLC	B	460,000
(2)	CHILDREN'S NORTH SURGERY CENTER LLC	D	5,050,000
(3)	CHILDREN'S NORTH SURGERY CENTER LLC	A, I	352,000
(4)	THE CHILDRENS HOSPITAL FOUNDATION	C	16,300,000
(5)	RMCHS MANAGEMENT SERVICES INC	L	9,498,272
(6)	RMCHS MANAGEMENT SERVICES INC	M	3,416,671
(7)	RMCHS MANAGEMENT SERVICES INC	N	7,655,203
(8)	CHILDREN'S HEALTH CORPORATION		0
(9)	CHILD HEALTH MANAGEMENT SERVICES INC		0