



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

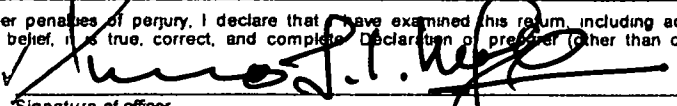
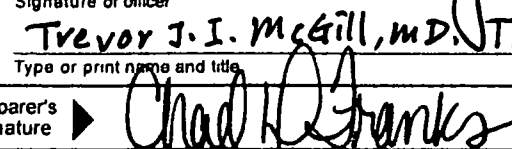
2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning****03/01, 2008, and ending****02/28, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHMC OTOLARYNGOLOGIC FOUNDATION, INC.		D Employer identification number 04-2751258
		Doing Business As		E Telephone number (617) 355-0493
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 LONGWOOD AVENUE		G Gross receipts \$ 19,667,182.
		City or town, state or country, and ZIP + 4 BOSTON, MA 02115		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer GERALD B. HEALY 300 LONGWOOD AVENUE BOSTON, MA 02115				
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation 1982 M State of legal domicile MA				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE FOUNDATION PROVIDES PATIENT CARE, INCLUDING DIAGNOSTIC EVALUATION, MEDICAL RESEARCH AND EDUCATIONAL SERVICES TO THE CHILDREN'S HOSPITAL IN BOSTON AND THE HARVARD MEDICAL SCHOOL.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
Revenue	5	Total number of employees (Part V, line 2a)	5	29
	6	Total number of volunteers (estimate if necessary)	6	NONE
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE
Expenses	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	NONE	NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,439,705.	19,321,552.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	415,682.	307,770.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	NONE	NONE
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,855,387.	19,629,322.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	31,593.	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16,094,763.	16,930,866.
	16b	Total fundraising expenses, Part IX, column (D), line 25) ▶	NONE	NONE
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,967,527.	2,616,153.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,093,883.	19,547,019.
	19	Revenue less expenses Subtract line 18 from line 12	1,761,504.	82,303.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
21	Total liabilities (Part X, line 26)	13,563,238.	13,588,355.	
22	Net assets or fund balances. Subtract line 21 from line 20.	4,311,807.	6,153,758.	
		9,251,431.	7,434,597.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer 	Date 1/14/2010	
Paid Preparer's Use Only	Signature of preparer 		
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG U.S. LLP 55 IVAN ALLEN JR BLVD SUITE 1000 ATLANTA, GA 30308	Date 1/14/10	Check if self-employed <input type="checkbox"/>
May the IRS discuss this return with the preparer shown above? (See instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
8E1010 2 000

49999Y 1996

V08-8.3

616 18

SCANNED FEB 03 2010

Part III Statement of Program Service Accomplishments (see instructions)

1. Briefly describe the organization's mission:

SEE STATEMENT 12. 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 \$ 16,957,582. including grants of \$) (Revenue \$ 19,321,552.)SEE STATEMENT 2

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 ► \$ 16,957,582. (Must equal Part IX, Line 25, column (B).)

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 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 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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
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 question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
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 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form **990** (2008)

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 54	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b NONE	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
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 29	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
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	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form **990** (2008)

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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 4	
1b Enter the number of voting members that are independent	1b 1	
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	X
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 X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10 X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
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 X	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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 X	
b Other officers or key employees of the organization?	15b X	
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	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MA

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► LISA S. ZENG, CPA 333 LONGWOOD AVENUE, 3RD FLOOR BOSTON, MA 02115
617-355-0493

Part VIII Statement of Revenue

04-2751258

				(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					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
Program Service Revenue	h	Total. Add lines 1a-1f						
	2a	PATIENT SERVICES	Business Code 621500	16,440,820.	16,440,820.			
	b	OTHER SERVICE REVENUE	541700	1,446,566.	1,446,566.			
	c	TEACHING ADMINISTRATION AND SUPERVISION	611710	140,921.	140,921.			
	d	GRANT, CONSULTING, AND MISCELLANEOUS REV	541900	1,293,245.	1,293,245.			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			19,321,552.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		321,663.			321,663.
		4	Income from investment of tax-exempt bond proceeds		NONE			
5		Royalties		NONE				
6a		(i) Real						
		(ii) Personal						
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)		NONE				
7a		(i) Securities						
		(ii) Other						
b		Less cost or other basis and sales expenses		37,860.				
c		Gain or (loss)		-13,893.				
d		Net gain or (loss)		-13,893.			-13,893.	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18.						
b		Less direct expenses						
c	Net income or (loss) from fundraising events		NONE					
9a	Gross income from gaming activities See Part IV, line 19							
b	Less direct expenses							
c	Net income or (loss) from gaming activities		NONE					
10a	Gross sales of inventory, less returns and allowances							
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory		NONE					
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			NONE				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			19,629,322.	19,321,552.	307,770.		

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 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,484,033.	2,484,033.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	9,638,867.	8,253,175.	1,385,692.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . .	2,873,786.	2,600,625.	273,161.	
9 Other employee benefits	1,613,672.	1,436,260.	177,412.	
10 Payroll taxes	320,508.	268,426.	52,082.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	110,705.		110,705.	
c Accounting	4,995.		4,995.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	30,375.		30,375.	
g Other	542,370.	542,370.		
12 Advertising and promotion	9,730.		9,730.	
13 Office expenses	229,155.	85,025.	144,130.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	194,415.	194,415.		
17 Travel	155,521.	155,521.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	38,005.	38,005.		
23 Insurance	302,275.	302,275.		
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	135,716.	135,716.		
b PHYSN ASSIST/CLINIC SUPPORT	104,284.	104,284.		
c RESIDENT EXPENSES	99,371.	99,371.		
d MEDICAL SUPPLIES	84,966.	84,966.		
e DISCHARGE OF LOAN	74,886.		74,886.	
f All other expenses	499,384.	173,115.	326,269.	
25 Total functional expenses. Add lines 1 through 24f	19,547,019.	16,957,582.	2,589,437.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	65,075.	1	NONE
	2 Savings and temporary cash investments	6,601,146.	2	8,514,103.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,192,602.	4	1,906,541.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	268,167.	5	185,200.
	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 sales or use		8	
	9 Prepaid expenses and deferred charges	529,344.	9	880,730.
	10a Land, buildings, and equipment: cost basis	10a 409,147.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 312,427.		
		51,894.	10c	96,720.
	11 Investments - publicly traded securities	2,888,074.	11	882,844.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	966,936.	15	1,122,217.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,563,238.	16	13,588,355.	
Liabilities	17 Accounts payable and accrued expenses	146,328.	17	102,480.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		23	
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities. Complete Part X of Schedule D	4,165,479.	25	6,051,278.
	26 Total liabilities. Add lines 17 through 25.	4,311,807.	26	6,153,758.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,251,431.	27	7,434,597.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,251,431.	33	7,434,597.
34 Total liabilities and net assets/fund balances	13,563,238.	34	13,588,355.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
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	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

04-2751258

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
 - 4 ☒ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: SEE STATEMENT 4
 - 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)**. (see instructions)
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally Integrated
 - d ☐ Type III - Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (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 organizations the organization supports.

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the entire width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

Employer identification number

04-2751258

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if 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 organization answered "Yes" to Form 990, Part IV, line 10.

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		409,147.	312,427.	96,720.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				96,720.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►		

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

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

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

(a) Description	(b) Book value
DUE FROM AFFILIATES	621,395.
OTHER RECEIVABLES	26,250.
ASSETS LIMITED AS TO USE	474,572.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	1,122,217.

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO CHILDREN'S HOSPITAL	371,610.
ACCRD PENSION OBLIGATN-DEF BEN PLN	5,232,179.
DEFERRED COMPENSATION OBLIGATIONS	447,489.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	6,051,278.

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	19,629,322.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,547,019.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	82,303.
4	Net unrealized gains (losses) on investments	4	-197,684.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,701,453.
9	Total adjustments (net). Add lines 4-8	9	-1,899,137.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,816,834.

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	19,180,374.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-197,684.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-251,264.
e	Add lines 2a through 2d	2e	-448,948.
3	Subtract line 2e from line 1	3	19,629,322.
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	19,629,322.

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

1	Total expenses and losses per audited financial statements	1	18,096,830.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	-1,450,189.
e	Add lines 2a through 2d	2e	-1,450,189.
3	Subtract line 2e from line 1	3	19,547,019.
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	19,547,019.

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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART X, FIN 48 FOOTNOTE

IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48), WHICH PROVIDES GUIDANCE TO ALL ENTERPRISES, INCLUDING PASS-THROUGH ENTITIES, FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED, AND DISCLOSED IN THE FINANCIAL STATEMENTS. ON DECEMBER 30, 2008, THE FASB ISSUED FINANCIAL STATEMENT POSITION (FSP) FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO 48 FOR CERTAIN NONPUBLIC ENTERPRISES, WHICH DEFERS THE EFFECTIVE DATE OF THE INTERPRETATION FOR CERTAIN NONPUBLIC ENTERPRISES TO ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008, AND IS TO BE APPLIED TO ALL OPEN TAX YEARS AS OF THE EFFECTIVE DATE. THE FOUNDATION IS A NONPUBLIC ENTERPRISE TO WHICH THIS DEFERRAL APPLIES, AND FIN 48 WILL BE FIRST EFFECTIVE FOR THE FOUNDATION'S FINANCIAL STATEMENTS FOR FISCAL YEAR ENDING FEBRUARY 28, 2010. MANAGEMENT CONTINUES TO EVALUATE THE IMPLICATIONS OF THE INTERPRETATION, AND ANY IMPACT TO THE FUTURE FINANCIAL POSITION AND RESULTS OF THE OPERATIONS OF THE FOUNDATION HAS NOT YET BEEN DETERMINED.

PART XI, LINE 8

UNREALIZED CHANGES IN LIMITED PARTNERSHIP INTEREST (\$251,264)

PENSION RELATED CHANGE OTHER THAN NET PERIODIC COST (\$1,450,189)

Part XIV Supplemental Information (continued)

PART XII, LINE 2D

UNREALIZED CHANGES IN LIMITED PARTNERSHIP INTEREST (\$251,264)

PART XIII, LINE 2D

PENSION RELATED CHANGE OTHER THAN NET PERIODIC COST (\$1,450,189)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

Employer identification number

04-2751258

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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

☐ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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 must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1a	X	
2		X
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GERALD B HEALY	(i) 602,000.	45,000.	104,558.	109,157.	20,551.	879,266.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
TREVOR J MCGILL	(i) 516,996.	55,000.	107,985.	46,000.	20,551.	746,532.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
GREG R LICAMELI	(i) 401,664.	50,000.	386,989.	46,000.	20,551.	905,204.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
RAZA RAHBAR	(i) 452,000.	45,000.	265,357.	46,000.	20,551.	828,908.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
HOWARD C SHANE	(i) 302,500.	115,773.	104,852.	46,000.	20,551.	589,676.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
DWIGHT JONES	(i) 414,848.	25,000.	291,630.	46,000.	20,551.	798,029.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROGER NUSS	(i) 323,231.	121,670.	228,946.	46,000.	20,551.	740,398.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK VOLK	(i) 362,253.	80,581.	139,473.	46,000.	20,551.	648,858.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						

Schedule J (Form 990) 2008

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.

PART I, LINE 1A

THE FOUNDATION PROVIDES HEALTH CLUB DUES TO CERTAIN EMPLOYEES OF THE

FOUNDATION. THE FOLLOWING EMPLOYEES RECEIVED HEALTH CLUB DUES:

GERALD B. HEALEY

TREVOR J. MCGILL

GREG R. LICAMELI

RAZA RAHBAR

HOWARD C. SHANE

ROGER NUSS

THE FOUNDATION IS NOT REQUIRED TO SUBSTANTIATE BECAUSE THE BENEFITS WERE

TREATED AS TAXABLE COMPENSATION FOR THE ABOVE EMPLOYEES.

PART I, LINE 4B

THE FOUNDATION ESTABLISHED TWO SUPPLEMENT EXECUTIVE RETIREMENT PLANS,

EFFECTIVE AS DECEMBER 1, 2007 TO REWARD LICENSED PHYSICIAN EMPLOYEES

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.

BASED ON SERVICE. THE SOURCES OF CONTRIBUTIONS FOR THESE PLANS ARE FROM
EMPLOYER DISCRETIONARY AMOUNTS. IF ANY, SEVERANCE BENEFIT AND ELECTIVE
DEFERRALS. THE AMOUNTS ARE VESTED AFTER FIVE YEARS. ATTAINMENT OF NORMAL
RETIREMENT DATE. DEATH. DISABILITY OF CHANGE IN CONTROL.

THE LIABILITY OWED TO THE PLAN PARTICIPANTS ARE:

GREG LICAMELI, MD (OFFICER) \$78,434

GERALD B HEALY (PRESIDENT) \$168,458

DENNIS POE, MD (PHYSICIAN) \$200,597

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

Employer identification number

04-2751258

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
GREG R. LICAMELI, MD RETENTION		X	275,000.	110,000.		X		X	X	
KENNETH R. WHITTEMORE RECRUIT. & RELOCATION		X	100,000.	75,200.		X		X	X	
Total ▶ \$				185,200.						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

Employer identification number

04-2751258

PART VI QUESTION 3

THE PHYSICIANS' ORGANIZATION AT CHILDREN'S HOSPITAL BOSTON (PO) IS A

CLASS "C" MEMBER OF CHMC OTOLARYNGOLOGIC FOUNDATION, INC. (FOUNDATION).

THE PO IS RESPONSIBLE FOR ALL 3RD PARTY CONTRACTING FOR THE FOUNDATION.

THE PO HAS THE POWER TO SELECT THE INDEPENDENT AUDITOR AND LEGAL COUNSEL

OF CHMC OTOLARYNGOLOGIC FOUNDATION, INC. FROM AN APPROVED LIST OF FIRMS

MUTUALLY AGREED TO BY THE PO AND THE FOUNDATION. THE PO ALSO HAS THE

RIGHT TO REVIEW, BUT NOT TO APPROVE, THE ANNUAL OPERATING BUDGET AND ALL

CAPITAL BUDGETS OF THE FOUNDATION. LASTLY, THE PO HAS THE RIGHT TO

REVIEW FOR COMPLIANCE WITH APPLICABLE LAW, THE GENERAL TERMS OF AND ANY

MODIFICATION TO PHYSICIAN COMPENSATION AND BENEFITS PLANS FOR ALL

PHYSICIAN EMPLOYEES OF THE FOUNDATION. THE PO IS CONSIDERED THE

COMPENSATION COMMITTEE OF THE FOUNDATION.

Name of the organization

Employer identification number

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

04-2751258

PART VI QUESTION 6

THE PHYSICIANS' ORGANIZATION AT CHILDREN'S HOSPITAL BOSTON IS A CLASS "C"

MEMBER OF CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

Name of the organization

Employer identification number

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

04-2751258

PART VI QUESTION 7B

THE PHYSICIANS' ORGANIZATION AT CHILDREN'S HOSPITAL BOSTON (PO) IS A
CLASS "C" MEMBER OF CHMC OTOLARYNGOLOGIC FOUNDATION, INC. (FOUNDATION).

THE PO HAS THE POWER TO APPROVE THE FOLLOWING:

-AN AMENDMENT TO THE ARTICLES OF ORGANIZATION OR BYLAWS OF THE
FOUNDATION.

-THE SELECTION OF THE INDEPENDENT AUDITOR AND LEGAL COUNSEL OF THE
FOUNDATION FROM AN APPROVED LIST OF FIRMS MUTUALLY AGREED TO BY THE PO
AND THE FOUNDATION.

THE PO IS RESPONSIBLE FOR ALL 3RD PARTY CONTRACTING FOR THE FOUNDATION.

THE PO ALSO HAS THE RIGHT TO REVIEW, BUT NOT TO APPROVE, THE ANNUAL
OPERATING BUDGET AND ALL CAPITAL BUDGETS OF THE FOUNDATION. AND, THE PO

HAS THE RIGHT TO REVIEW FOR COMPLIANCE WITH APPLICABLE LAW, THE GENERAL
TERMS OF AND ANY MODIFICATION TO PHYSICIAN COMPENSATION AND BENEFITS

PLANS FOR ALL PHYSICIAN EMPLOYEES OF THE FOUNDATION. AS A CLASS "C"
MEMBER OF THE FOUNDATION, THE PO ATTENDS THE FOUNDATION'S ANNUAL MEETING

AND HAS CERTAIN VOTING RIGHTS. THE PO AS A CLASS "C" MEMBER HAS ONE OF 4

VOTES. CERTAIN VOTING RIGHTS. THE PO AS A CLASS "C" MEMBER HAS ONE OF 4

VOTES.

Name of the organization

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

Employer identification number

04-2751258

PART VI QUESTION 10

THE DETAILED REVIEW WILL BE CONDUCTED BY THE PRESIDENT OF THE FOUNDATION,
GERALD HEALY, THE ADMINISTRATOR GREG KELLIHER AND THE ACCOUNTANT
RESPONSIBLE FOR THE BOOKS LISA ZENG. AN ELECTRONIC COPY WILL BE PROVIDED
TO THE GOVERNING BOARD ALONG WITH A HARD COPY OF FORM 990 PRIOR TO
FILING. THE DETAILED REVIEW WILL BE CONDUCTED BEFORE FILING THE RETURN
WITH THE INTERNAL REVENUE SERVICE.

Name of the organization

Employer identification number

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

04-2751258

PART VI QUESTION 12C

THE PHYSICIANS ORGANIZATION (PO) AT CHILDREN'S HOSPITAL BOSTON ADMINISTERS AN ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCESS TO ALL OF ITS MEMBER FOUNDATIONS, WHICH ASKS PHYSICIANS (OFFICERS, TOP MANAGEMENT, AND HIGHLY COMPENSATED EMPLOYEES) AND SELECTED FOUNDATION STAFF TO DISCLOSE POTENTIAL CONFLICTS. A DISCLOSURE STATEMENT WILL BE CIRCULATED ANNUALLY TO MEMBERS OF THE PO. THE PO AUDIT COMMITTEE SHALL DETERMINE THOSE INDIVIDUALS (INCLUDING MEDICAL STAFF MEMBERS) WHO SHALL BE REQUIRED TO COMPLETE THE DISCLOSURE STATEMENT. THE PO AUDIT COMMITTEE, AT THE DISCRETION, MAY EITHER 1) REFER ANY OR ALL DISCLOSURE STATEMENTS TO THE BOARD OF DIRECTORS, 2) APPOINT AN AD HOC COMMITTEE TO REVIEW AND RESOLVE ANY CONFLICTS OF INTEREST ISSUES, OR 3) REVIEW AND RESOLVE ANY CONFLICT OF INTEREST ISSUES PERSONALLY OR THROUGH A DESIGNEE(S). ANY PERSON NOT RECEIVING A DISCLOSURE STATEMENT NEVERTHELESS HAS AN AFFIRMATIVE OBLIGATION TO DISCLOSE TO THE PO PRESIDENT, PO GENERAL COUNSEL, OR HIS/HER SUPERVISOR WHENEVER HE/SHE BELIEVES HE/SHE HAS OR MAY HAVE A CONFLICT OF INTEREST. SIMILARLY, EACH PERSON COMPLETING A DISCLOSURE STATEMENT HAS AN AFFIRMATIVE OBLIGATION TO UPDATE THE STATEMENT ANY TIME CIRCUMSTANCES CHANGE AND/OR HE/SHE BELIEVES THAT A CONFLICT OF INTEREST MAY EXIST. IN THE EVENT A CONFLICT IS FOUND TO EXIST, THE FOUNDATION PROHIBITS THE MEMBER FROM VOTING ON ANY MATTER TO WHICH THE CONFLICT RELATES OR OTHERWISE INFLUENCE THE VOTING ON SUCH MATTER.

Name of the organization

Employer identification number

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

04-2751258

PART VI QUESTION 13 AND 14CURRENTLY THE FOUNDATION DOES NOT HAVE A WRITTEN WHISTLEBLOWER POLICY ORA WRITTEN DOCUMENT AND DESTRUCTION POLICY, HOWEVER THE BOARD COMMITTEEHAS PLANS TO DEVELOP THESE POLICIES IN THE FUTURE.

Name of the organization

Employer identification number

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

04-2751258

PART VI QUESTION 15A AND 15B

ALL THE PHYSICIANS (TOP MANAGEMENT, OFFICERS AND HIGHLY COMPENSATED
INDIVIDUALS) FALL UNDER COMPENSATION GUIDELINES DETERMINED BY HARVARD
UNIVERSITY, WITH LIMITATIONS ESTABLISHED FOR CERTAIN POSITIONS/RANKS
WITHIN THE MEDICAL SCHOOL. ANNUALLY, COMPENSATION IS REVIEWED AND
REPORTED TO THE HOSPITAL'S BOARD OF TRUSTEES TO ENSURE TOTAL DIRECT AND
INDIRECT COMPENSATION DOES NOT EXCEED THE PRE-DETERMINED GUIDELINES OF
HARVARD UNIVERSITY. ANY NEW INDIRECT BENEFIT PLAN REQUIRES APPROVAL BY
THE FOUNDATION'S BOARD OF DIRECTORS, WHICH THEN MUST BE REVIEWED AND
PERMITTED BY THE HOSPITAL. MAJOR PROCEDURES OF THE APPROVAL PROCESS
INVOLVE: COMPARING COMPENSATION DATA OF PHYSICIANS WITHIN THE COMPARABLE
FIELD OF MEDICINE; INDIRECT COMPENSATION CURRENTLY BEING OFFERED; AND THE
FINANCIAL STABILITY OF THE FOUNDATION. THIS PROCESS WAS FOLLOWED FOR YEAR
ENDED 2/28/09.

Name of the organization

Employer identification number

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

04-2751258

PART VI QUESTION 19

THE FOUNDATION MAINTAINS ALL FINANCIAL RECORDS, CONFLICT OF INTEREST

POLICY, AND GOVERNING DOCUMENTS AT ITS MAIN OFFICE AT 300 LONGWOOD AVE,

BOSTON, MA 02115. THE DOCUMENTS ARE AVAILABLE UPON REQUEST WITHIN 48

HOURS.

Related Organizations and Unrelated Partnerships

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

Name of the organization

CHMC OTOLARYNGOLOGIC FOUNDATION, INC.

Employer identification number
04-2751258

Identification of Disregarded Entities

[illegible]

Part II Identification of Related Tax-Exempt Organizations

[illegible]

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Schedule R (Form 990) 2008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE FOUNDATION OPERATES THE OTOLARYNGOLOGY DEPARTMENT , AT CHILDREN'S HOSPITAL, BOSTON AND IN COMMUNITIES THROUGHOUT GREATER BOSTON. THE FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES. THE MISSION STRIVES TO PROVIDE CARE INCLUDING, DIAGNOSTIC EVALUATION AND SURGICAL THERAPY FOR CHILDREN OF ALL AGES WITH DISEASES OR CONDITIONS OF THE HEAD AND NECK, INCLUDING EARS, NOSE AND THROAT. THE FOUNDATION PROVIDES CARE FOR ALL PATIENTS IN MASSACHUSETTS REGARDLESS OF THEIR ABILITY TO PAY, AS WELL AS PROVIDING AND SUBSIDIZING HOSPITAL AND COMMUNITY BASED SERVICES.

FORM 990, PART III - PROGRAM SERVICES
=====4A PROGRAM SERVICE

THE FOUNDATION OPERATES THE DEPARTMENT OF OTOLARYNGOLOGY AT CHILDREN'S HOSPITAL IN BOSTON. THE FOUNDATION CARRIES ON AND PROMOTES BASIC AND APPLIED MEDICAL RESEARCH AND EDUCATION INTO THE FIELD OF OTOLARYNGOLOGY BY TEACHING STUDENTS AND OTHER MEDICAL AND SCIENTIFIC PERSONNEL, BY PROVIDING OR SUPPLEMENTING INCOME TO RESEARCH PERSONNEL THROUGH FELLOWSHIPS, RESEARCH GRANTS, AND STIPENDS, AND BY GIVING LECTURES AND PUBLISHING INFORMATION CONCERNING PROBLEMS AND RESEARCH RESULTS IN THE FIELD OF PEDIATRIC OTOLARYNGOLOGY IN ORDER TO EDUCATE THE GENERAL PUBLIC AND THE MEDICAL PROFESSION. THE FOUNDATION MAY CHARGE FOR PATIENT CARE, OTHER MEDICAL SERVICES, AND RELATED PRODUCTS, PROVIDED THAT ANY NET INCOME IS USED FOR THE CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES FOR WHICH THE FOUNDATION WAS CREATED. THE FOUNDATION PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THE HOSPITAL'S FREE-CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
=====NAME AND ADDRESS
-----DESCRIPTION OF SERVICES COMPENSATION

ADVANCED BILLING & CLAIM SERVICES, LLC
71 MAIN STREET
LAKEVILLE, MA 02347

BILLING & COLLECTION 129,580.

PHYSICIANS' ORGANIZATION AT CHILDREN'S
300 LONGWOOD AVENUE
BOSTON, MA 02115

CONSULTING MGMT 138,140.

TOTAL COMPENSATION

267,720.
=====

SCHEDULE A, PART I - HOSPITAL'S NAME, CITY AND STATE
=====

CHILDREN'S HOSPITAL CORPORATION
300 LONGWOOD AVENUE
BOSTON, MA 02115

- You are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	CHMC Otolaryngologic Foundation, Inc.		04-2751258
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	300 Longwood Avenue		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Boston	MA	02115

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

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of ☒ Greg Kelliher, 300 Longwood Avenue Boston MA 02115
- Telephone No. ☒ 617-355-6463 FAX No. ☐ _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) NA If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until 1/15/2010
- 5** For calendar year _____, or other tax year beginning 3/1/2008, and ending 2/28/2009
- 6** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7** State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification

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

Signature ☒

Title ☒ Clerk/Treasurer

Date ☒ 10/8/2009

Form **8868** (Rev 4-2009)

8868

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(Rev. 4-2009)
Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. ☒ X
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	CHMC Otolaryngologic Foundation, Inc.	04-2751258
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	300 Longwood Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Boston	MA 02115

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► Trevor J. McGill, Clerk Treasurer 300 Longwood Avenue Boston MA 02115

Telephone No. ► 617-355-6451 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) NA. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 10/15/2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year or
► ☒ tax year beginning 3/1/2008, and ending 2/28/2009

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

(HTA)