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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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

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

C Name of organization
Children's Hospital Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
111 Michigan Avenue NW

City or town, state or country, and ZIP + 4
Washington, DC 20010

D Employer identification number
52-1640402

E Telephone number
(202) 476-4888

G Gross receipts $ 66,141,541

F Name and address of Principal Officer
EDWARD K ZECHMAN JR
111 MICHIGAN AVENUE NW
WASHINGTON,DC 20010

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www childrensnational org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1989

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities

CHILDREN'S HOSPITAL FOUNDATION SUPPORTS WORLD CLASS CARE AND RESEARCH FOR THE NATION'S CHILDREN THE FOUNDATION SERVES AS THE FUNDRAISING ARM FOR CHILDREN'S NATIONAL MEDICAL CENTER IN WASHINGTON, DC

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	47
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of employees (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	38
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	21,954,328	27,757,758
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,193,785	4,416,843
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,231	-1,284,002
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,212,344	30,890,599
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,666,596	17,168,656
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,284,230	3,093,049
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,156,306	985,845
b	(Total fundraising expenses, Part IX, column (D), line 25 5,789,983)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,079,487	8,186,516
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	18,186,619	29,434,066
19	Revenue less expenses Subtract line 18 from line 12	8,025,725	1,456,533

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	247,047,657	207,866,044
21	Total liabilities (Part X, line 26)	53,200,286	47,251,994
22	Net assets or fund balances Subtract line 21 from line 20	193,847,371	160,614,050

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

Please Sign Here

Signature of officer — Date: 2010-05-14

RAYMOND SCZUDLO EVP/CLO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4
PRICEWATERHOUSECOOPERS LLP
1301 K STREET NW SUITE 800W
WASHINGTON, DC 20005

EIN ▶

Phone no ▶ (202) 414-1000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 180,000 including grants of $ 180,000) (Revenue $ 0)

NEW HORIZONS HELPS CHILDREN TRANSCEND THE HOSPITAL EXPERIENCE BY BRINGING THE CULTURAL ARTS, ARTS EDUCATION AND ANIMAL VISITATION TO PATIENTS AT BEDSIDE AND IN THE ATRIUM ACTIVITIES ENCOURAGE CONTINUED LEARNING, PROMOTE WELLNESS THROUGH SELF EXPRESSION, AND SPEED THE HEALING PROCESS NEW HORIZONS ALSO DISPLAYS ART THROUGHOUT THE HOSPITAL

4b (Code) (Expenses $ 160,518 including grants of $ 160,518) (Revenue $ 0)

WRC-TV NBC HEALTH EXPO AN ANNUAL EDUCATION EVENT THAT PROMOTES THE HOSPITAL AND IT'S SERVICES TO THE LOCAL COMMUNITY WITH REGARDS TO PREVENTATIVE HEALTHCARE, FUNDRAISING, AND OTHER AREAS OF CARE

4c (Code) (Expenses $ 82,500 including grants of $ 82,500) (Revenue $ 0)

BIG APPLE CLOWN SERVICES THIS PROGRAM PROVIDES TWO SPECIALLY TRAINED, PROFESSIONAL CLOWN CARE PERFORMERS TO BRING JOY AND LAUGHTER TO HOSPITAL HALLWAYS, CLINICS, AND BEDSIDES FOR FIVE HOURS EACH DAY, THREE DAYS PER WEEK FOR 50 WEEKS EACH YEAR

(Code) (Expenses $ 14,212,341 including grants of $ 14,212,341) (Revenue $ 0)

GENERAL HOSPITAL SUPPORT

(Code) (Expenses $ 2,533,297 including grants of $ 2,533,297) (Revenue $ 0)

CHILDREN'S RESEARCH INSTITUTE SUPPORT

4d Other program services (Describe in Schedule O)

(Expenses $ 16,745,638 including grants of $ 16,745,638) (Revenue $ 0)

4e Total program service expenses $ 17,168,656 *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	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		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *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		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 hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as 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 U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *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 United States? *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 United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
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	Yes	
19	Did the organization report more than $15,000 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		No
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *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 question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *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, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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 section 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**		No
36	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 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

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

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 47		
b	Enter the number of voting members that are independent . .	1b 33		
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b		
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

CORPORATE OFFICERS
111 MICHIGAN AVENUE NW
WASHINGTON, DC 20010
(202) 476-4888

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 Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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 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-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								0	10,084,307	1,030,916

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

			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 online 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**		No

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
801 ROEDER ROAD LLC PO BOX 79617 BALTIMORE, MD 21279	OFFICE LEASE	520,093
LIFELINE MOBILE INC 2050 MCGAW ROAD COLUMBUS, OH 43207	TRANSPORTATION	154,500
SCA DIRECT INC 11206 WAPLES MILL ROAD 106 FAIRFAX, VA 22030	PROF SERVICES	2,456,954
CHILDREN'S MIRACLE NETWORK 4525 SOUTH 2300 EAST 202 SALT LAKE CITY, UT 84117	FUNDRAISING	352,427
AMERICAN EXPRESS PO BOX 42010 PHILADELPHIA, PA 19162	TRANSPORTATION	248,412

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 17

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a 4,698,842				
	b	Membership dues 1b				
	c	Fundraising events 1c 4,081,871				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 18,977,045				
	g	Noncash contributions included in lines 1a-1f $ 536,446				
	h	**Total (Add lines 1a-1f)** . . . . . ▶	27,757,758			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** . . . . . ▶ $ 0				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . . ▶	3,908,685			3,908,685
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 33,444,828				
	b	Less cost or other basis and sales expenses: 32,936,670				
	c	Gain or (loss): 508,158				
	d	Net gain or (loss) . . . . . ▶	508,158			508,158
	8a	Gross income from fundraising events (not including $ 1,030,270 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . . a 4,081,871				
	b	Less direct expenses . . . b 2,314,272				
	c	Net income or (loss) from fundraising events . . ▶	-1,284,002	-1,284,002		
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* 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.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶	30,890,599	-1,284,002		4,416,843

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	17,168,656	17,168,656		
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	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	2,584,536			1,092,563
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	129,649		16,053	113,596
9 Other employee benefits	180,242		33,368	146,874
10 Payroll taxes	198,622		67,799	130,823
11 Fees for services (non-employees)				
a Management	597,933			597,933
b Legal	18,302			18,302
c Accounting	0			
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	985,845			985,845
f Investment management fees	0			
g Other	1,690,569		164,427	1,526,142
12 Advertising and promotion	254,707		10,569	244,138
13 Office expenses	787,302		303,020	484,282
14 Information technology	100,694		53,161	47,533
15 Royalties	0			
16 Occupancy	452,257		452,257	
17 Travel	582,811		355,621	227,190
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	74,503			74,503
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	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 OVERHEAD	3,490,680		3,490,680	
b CATERING	32,112		32,112	
c MISC EXPENSES	39,839			39,839
d RECRUITMENT	64,807		4,387	60,420
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	29,434,066	17,168,656	6,475,427	5,789,983
26 **Joint Costs.** Check ☐ 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	500	1	400
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	52,204,684	3	46,709,868
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *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		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis 10a			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* 10b		10c	
	11	Investments—publicly traded securities	184,848,105	11	153,118,541
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	9,994,368	15	8,037,235
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	247,047,657	16	207,866,044
Liabilities	17	Accounts payable and accrued expenses	1,259,263	17	788,568
	18	Grants payable		18	
	19	Deferred revenue	149,625	19	165,209
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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*	51,791,398	25	46,298,217
	26	**Total liabilities.** *Add lines 17 through 25*	53,200,286	26	47,251,994
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	67,257,488	27	42,884,773
	28	Temporarily restricted net assets	66,364,686	28	66,547,069
	29	Permanently restricted net assets	60,225,197	29	51,182,208
		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	193,847,371	33	160,614,050
	34	Total liabilities and net assets/fund balances	247,047,657	34	207,866,044

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
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		
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?		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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Foundation

Employer identification number
52-1640402

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

1 ☐ 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 _____

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 331/3% 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 331/3% 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?

	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 organizations the organization supports

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

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

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	34,558,168	40,565,935	27,784,733	21,594,328	27,757,758	152,260,922
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	34,558,168	40,565,935	27,784,733	21,594,328	27,757,758	152,260,922
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						152,260,922

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	34,558,168	4,189,050	27,784,733	21,594,328	27,757,758	152,260,922
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,828,571	4,189,050	3,111,221	2,782,871	3,908,685	15,820,398
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)	0	0	200	31,626	0	31,826
11 **Total Support** (Add lines 7 through 10)						168,113,146

12	Gross receipts from related activities, etc (See instructions)	12	0

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** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**90.57 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**94.074 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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) 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 Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

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 30 June, 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** ☐

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 for 2007 Schedule A, Part IV-A, line 27g	16

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% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 52-1640402
Name: Children's Hospital Foundation

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW C BLAIR , VICE CHAIRMAN	2 0	X		X				0	0	0
LOUIS CHRISTOPHER , SECRETARY/TREASURER	2 0	X		X				0	0	0
JAMES W LINTOTT , CHAIRMAN	2 0	X		X				0	0	0
PAM KING SAMS , VP DVLPMNT, CNMC & COO, CHF	50 0	X		X				0	453,834	59,131
EDWIN K ZECHMAN JR , PRESIDENT/CEO CNMC	3 0	X		X				0	1,956,799	30,830
SUSAN BAKER MD , BOARD MEMBER	1 0	X						0	0	0
MARK L BATSHAW MD , BOARD MEMBER	1 0	X						0	1,026,594	284,269
MAX COPPES MD , BOARD MEMBER	1 0	X						0	665,722	94,664
DENICE CORA-BRAMBLE MD , BOARD MEMBER	1 0	X						0	495,849	62,057
ERIC HOFFMAN MD , BOARD MEMBER	1 0	X						0	0	0
RICHARD JONAS MD , BOARD MEMBER	1 0	X						0	1,557,767	102,418
GERARD MARTIN MD , BOARD MEMBER	1 0	X						0	746,903	74,414
KURT DOUGLAS NEWMAN MD , BOARD MEMBER	1 0	X						0	847,255	78,111
ROGER PACKER MD , BOARD MEMBER	1 0	X						0	0	0
PETER R HOLBROOK MD , BOARD MEMBER	3 0	X						0	1,298,201	69,595
DAVID WESSEL MD , BOARD MEMBER	1 0	X						0	546,232	87,562
JOSEPH WRIGHT MD , BOARD MEMBER	1 0	X						0	489,151	87,865
AMY BAIER , BOARD MEMBER	1 0	X						0	0	0
BRET BAIER , BOARD MEMBER	1 0	X						0	0	0
STEPHEN BALDACCI , BOARD MEMBER	1 0	X						0	0	0
C RICHARD BEYDA , BOARD MEMBER	1 0	X						0	0	0
MARCELLA COHEN , BOARD MEMBER	1 0	X						0	0	0
FLOYD E DAVIS III SKIP , BOARD MEMBER	1 0	X						0	0	0
PAUL DOUGHERTY , BOARD MEMBER	1 0	X						0	0	0
DEBRA DRUMHELLER , BOARD MEMBER	1 0	X						0	0	0
BETTY G EWING , BOARD MEMBER	1 0	X						0	0	0
HENRY FONVIELLE , BOARD MEMBER	1 0	X						0	0	0
NORMA LEE FUNGER , BOARD MEMBER	1 0	X						0	0	0
DANIEL GILBERT , BOARD MEMBER	1 0	X						0	0	0
DIANA L GOLDBERG , BOARD MEMBER	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WENDY GOLDBERG , BOARD MEMBER	1 0	X						0	0	0
CHARLES GREENER , BOARD MEMBER (LEFT 12/2008)	1 0	X						0	0	0
LAWRENCE ISHOL , BOARD MEMBER	1 0	X						0	0	0
KATHY KIES , BOARD MEMBER (AS OF 1/2009)	1 0	X						0	0	0
JAMES MACCUTHEON , BOARD MEMBER	1 0	X						0	0	0
B THOMAS MANSBACH , BOARD MEMBER	1 0	X						0	0	0
ALAN MELTZER , BOARD MEMBER	1 0	X						0	0	0
EDWARD J MILLER JR , BOARD MEMBER	1 0	X						0	0	0
CHARLES NULSEN , BOARD MEMBER	1 0	X						0	0	0
RAMU POTARAZU , BOARD MEMBER	1 0	X						0	0	0
JUDE REYES , BOARD MEMBER (LEFT 12/2008)	1 0	X						0	0	0
RICHARD W SNOWDEN III , BOARD MEMBER	1 0	X						0	0	0
TANYA SNYDER , BOARD MEMBER	1 0	X						0	0	0
MARIA LERNER TANENBAUM , BOARD MEMBER	1 0	X						0	0	0
JOHN WM THOMAS , BOARD MEMBER	1 0	X						0	0	0
LAURA UNGER , BOARD MEMBER	1 0	X						0	0	0
TONI VERSTANDIG , BOARD MEMBER (AS OF 1/2009)	1 0	X						0	0	0
ROBIN WILDER , BOARD MEMBER	1 0	X						0	0	0
AUDREY WOLF , BOARD MEMBER	1 0	X						0	0	0

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

CHILDREN'S HOSPITAL FOUNDATION IS A 501(C)3 ORGANIZATION THAT SUPPORTS WORLD CLASS CARE AND RESEARCH FOR THE NATION'S CHILDREN. THE FOUNDATION SERVES AS THE FUNDRAISING ARM FOR CHILDREN'S NATIONAL MEDICAL CENTER IN WASHINGTON, D.C., ONE OF THE NATION'S TOP-RANKED CHILDREN'S HOSPITALS. THE FOUNDATION PARTNERS WITH INDIVIDUAL DONORS, CORPORATIONS, AND COMMUNITY ORGANIZATIONS TO HELP CHILDREN'S DOCTORS, NURSES, AND CLINICIANS FULFIL THEIR VISION TO TRANSFORM CHILDREN'S HEALTH IN THE WASHINGTON, D.C. AREA, ACROSS THE COUNTRY, AND AROUND THE WORLD. GIFTS AND GRANTS RAISED BY THE FOUNDATION BENEFIT CHILDREN'S NATIONAL MEDICAL CENTER, CHILDREN'S HOSPITAL, CHILDREN'S RESEARCH INSTITUTE, AND OTHER CHILDREN'S AFFILIATES.

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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
Children's Hospital Foundation

Employer identification number
52-1640402

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		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	60,224,879				
b Contributions	3,733,254				
c Investment earnings or losses	-6,301,909				
d Grants or scholarships					
e Other expenditures for facilities and programs	6,474,422				
f Administrative expenses					
g End of year balance	51,181,802				

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

- a Board designated or quasi-endowment ▶ 2 %
- b Permanent endowment ▶ 98 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

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

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

(a) Description of security or cateory (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
INTEREST IN BENEFICIAL TRUSTS	8,037,235
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	46,298,217
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	46,298,217

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	

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

1	Total expenses and losses per audited financial statements			1	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SCHEDULE D, PART V, LINE 4		THE CHILDREN'S HOSPITAL FOUNDATION'S ENDOWMENT FUNDS ARE USED FOR A VARIETY OF PURPOSES INCLUDING PATIENT CARE, BUILDING EXPANSION AND EQUIPMENT, HEALTH-RELATED EDUCATION, RESEARCH SUPPORT, AND STRATEGIC INITIATIVES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Foundation

Employer identification number
52-1640402

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
SCA DIRECT INC	DIRECT MAILING		No	1,078,519	329,090	749,429
PERLMAN PERLMAN L	PROCESS REGISTRATN		No	0	7,394	-7,394
BENTZ WHALEYFLESSNE	FUNDRAISING STRATEGY		No	0	22,104	-22,104
BLACKBAUD	UPDATE DATABASE		No	0	32,439	-32,439
MERKLE RESPONSE SERV	MAINTAIN DONATIONS		No	0	34,336	-34,336
MICHAEL SHEEHAN ASSO	FUNDRAISING STRATEGY		No	0	40,000	-40,000
CONVIO INC	WEBSITE MAINTENANCE		No	0	43,190	-43,190
SQUIER KNAPPDUNN	FUNDRAISING STRATEGY		No	0	67,800	-67,800
CHANGING OUR WORLD	FUNDRAISING STRATEGY		No	0	80,000	-80,000
LIPMAN HEARNE INC	FUNDRAISING STRATEGY		No	0	107,278	-107,278
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CHILDREN'S BALL (event type)	(b) Event #2 RADIOTHON (event type)	(c) Other Events 308 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	793,800	236,740	4,081,871	5,112,411
	2 Less Charitable contributions	697,320	236,740	3,148,081	4,082,141
	3 Gross revenue (line 1 minus line 2)	96,480		933,790	1,030,270
Direct Expenses	4 Cash Prizes	0	0	0	0
	5 Non-cash Prizes	0	0	0	0
	6 Rent/Facility costs	87,877	0	10,000	97,877
	7 Other direct expenses	191,640	95,768	1,928,987	2,216,395
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				2,314,272
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-1,284,002

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

Additional Data

Software ID:
Software Version:
EIN: 52-1640402
Name: Children's Hospital Foundation

Form 990 Schedule G - Licensed States

Licensed States

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Foundation

Employer identification number
52-1640402

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL111 MICHIGAN AVENUE NW WASHINGTON,DC 20010	53-1096580	501(C)(3)	14,635,359	0	N/A	N/A	PROG SUPPORT
CHILDREN'S RESEARCH INSTITUTE111 MICHIGAN AVENUE NW WASHINGTON,DC 20010	52-1654453	501(C)(3)	2,533,297	0	N/A	N/A	GEN SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 2

3 Enter total number of other organizations . . . . . ▶ 0

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

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

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

See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 1		THE GRANTS MADE BY THE ORGANIZATION ARE FOR AFFILIATE COMPANY PROGRAMS THE ORGANIZATION IS INVOLVED IN IMPLEMENTING THE PROGRAMS

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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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Foundation

Employer identification number
52-1640402

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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ 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			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		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**		No
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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PAM KING SAMS	(i)	0	0	0	0	0	0	0
	(ii)	203,991	249,843	0	41,337	17,794	512,965	0
EDWIN K ZECHMAN JR	(i)	0	0	0	0	0	0	0
	(ii)	960,240	636,221	360,338	11,500	19,330	1,987,629	0
MARK L BATSHAW MD	(i)	0	0	0	0	0	0	0
	(ii)	454,360	481,215	91,019	261,500	22,769	1,310,863	0
MAX COPPES MD	(i)	0	0	0	0	0	0	0
	(ii)	396,540	269,182	0	73,544	21,120	760,386	0
DENICE CORA-BRAMBLE MD	(i)	0	0	0	0	0	0	0
	(ii)	242,614	253,235	0	41,552	20,505	557,906	0
RICHARD JONAS MD	(i)	0	0	0	0	0	0	0
	(ii)	1,009,929	547,838	0	90,176	12,242	1,660,185	0
GERARD MARTIN MD	(i)	0	0	0	0	0	0	0
	(ii)	369,326	377,577	0	57,134	17,280	821,317	0
KURT DOUGLAS NEWMAN MD	(i)	0	0	0	0	0	0	0
	(ii)	423,902	423,353	0	63,097	15,014	925,366	0
PETER R HOLBROOK MD	(i)	0	0	0	0	0	0	0
	(ii)	553,633	542,225	202,343	43,501	26,094	1,367,796	0
DAVID WESSEL MD	(i)	0	0	0	0	0	0	0
	(ii)	246,232	300,000	0	66,750	20,812	633,794	0
JOSEPH WRIGHT MD	(i)	0	0	0	0	0	0	0
	(ii)	376,889	112,262	0	58,517	29,348	577,016	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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
SCHEDULE J, LINE 3		CHILDREN'S HOSPITAL FOUNDATION ("CHF") RELIES ON ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER, TO DETERMINE COMPENSATION FOR CHF'S PRESIDENT CHILDREN'S NATIONAL MEDICAL CENTER USED A COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACT, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, LINE 4B		THE FOLLOWING INDIVIDUALS PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION MARK BATSHAW, MD - $250,000 MAX COPPES, MD, PHD - $61,803 DENICE CORA-BRAMBLE, MD, - $30,000 PETER ROY HOLBROOK, MD, - $32,001 GERARD MARTIN, MD - $45,553 KURT DOUGLAS NEWMAN, MD - $51,597 PAM KING SAMS - $29,870 DAVID I WESSEL, MD - $41,000 JOSEPH WRIGHT, MD - $46,800

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1640402
Name: Children's Hospital Foundation

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				
PAM KING SAMS	(I)	0	0	0	0	0	0	0
	(II)	203,991	249,843	0	41,337	17,794	512,965	0
EDWIN K ZECHMAN JR	(I)	0	0	0	0	0	0	0
	(II)	960,240	636,221	360,338	11,500	19,330	1,987,629	0
MARK L BATSHAW MD	(I)	0	0	0	0	0	0	0
	(II)	454,360	481,215	91,019	261,500	22,769	1,310,863	0
MAX COPPES MD	(I)	0	0	0	0	0	0	0
	(II)	396,540	269,182	0	73,544	21,120	760,386	0
DENICE CORA-BRAMBLE MD	(I)	0	0	0	0	0	0	0
	(II)	242,614	253,235	0	41,552	20,505	557,906	0
RICHARD JONAS MD	(I)	0	0	0	0	0	0	0
	(II)	1,009,929	547,838	0	90,176	12,242	1,660,185	0
GERARD MARTIN MD	(I)	0	0	0	0	0	0	0
	(II)	369,326	377,577	0	57,134	17,280	821,317	0
KURT DOUGLAS NEWMAN MD	(I)	0	0	0	0	0	0	0
	(II)	423,902	423,353	0	63,097	15,014	925,366	0
PETER R HOLBROOK MD	(I)	0	0	0	0	0	0	0
	(II)	553,633	542,225	202,343	43,501	26,094	1,367,796	0
DAVID WESSEL MD	(I)	0	0	0	0	0	0	0
	(II)	246,232	300,000	0	66,750	20,812	633,794	0
JOSEPH WRIGHT MD	(I)	0	0	0	0	0	0	0
	(II)	376,889	112,262	0	58,517	29,348	577,016	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Foundation

Employer identification number
52-1640402

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	24	239,658	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe 50lb Bag grass seeds)	X	1	100	Fair Value
26	Other (describe 75 Roundtrip Airline passes)	X	1	30,000	Fair Value
27	Other (describe Computer Equipment)	X	1	50,000	Fair Value
28	Other (describe Dinners and Luncheon)	X	3	1,852	Fair Value
	Other (describe Gift Certificates and Tickets)	X	7	2,542	Fair Value
	Other (describe Invitation & program design)	X	1	12,875	Fair Value
	Other (describe MonteCarlo Night Sponsorhips)	X	3	196,000	Fair Value
	Other (describe Toys)	X	3	2,222	Fair Value
	Other (describe Weekend Hotel Stay)	X	2	1,197	Fair Value

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
SCHEDULE M, COLUMN B		THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBERS OF CONTRIBUTIONS" REPRESENTS THE TOTAL NUMBER OF ACTUAL CONTRIBUTIONS AND NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUTED
SCHEDULE M, LINE 32B		THE FOUNDATION USES A STOCK BROKER (JOHNSTON, LEMON, & CO) TO CONVERT NON-CASH STOCK CONTRIBUTIONS INTO CASH

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Children's Hospital Foundation

Employer identification number
52-1640402

Identifier	Return Reference	Explanation
PART IV LINE 12 & PT XI, LINE 2B		CHILDREN'S HOSPITAL FOUNDATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF A RELATED ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
PART VI, LINE 2		BOARD MEMBERS BRET BAIER AND AMY BAIER HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
PART VI, LINE 6, 7A, AND 7B		CHILDREN'S NATIONAL MEDICAL CENTER IS THE SOLE MEMBER OF CHILDREN'S HOSPITAL FOUNDATION AND HAS THE RIGHT TO ELECT DIRECTORS OF CHILDREN'S HOSPITAL FOUNDATION THE ARTICLES AND BY-LAWS OF CHILDREN'S HOSPITAL FOUNDATION DESCRIBE CERTAIN RIGHTS RESERVED TO THE SOLE MEMBER

Identifier	Return Reference	Explanation
PART VI, LINE 10		THE RELEVANT COMMITTEES OF THE ORGANIZATION AND ITS PARENT ORGANIZATION CHILDREN'S NATIONAL MEDICAL CENTER REVIEW APPLICABLE PORTIONS OF THE 990 THE LEGAL AFFAIRS AND AUDIT COMMITTEE REVIEW THE FINANCIAL DISCLOSURES, THE NOMINATING AND GOVERNANCE COMMITTEE REVIEW THE GOVERNANCE SECTIONS AND THE PUBLIC BENEFIT SECTIONS, AND THE EXECUTIVE COMPENSATION COMMITTEE REVIEW THE COMPENSATION DISCLOSURES THE COMPLETED FORM 990 IS THEN MADE AVAILABLE TO THE BOARD OF THE FOUNDATION BEFORE FILING

Identifier	Return Reference	Explanation
PART VI, LINE 12A, 13 & 14		CHILDREN'S HOSPITAL FOUNDATION ("THE FOUNDATION") IS GOVERNED BY THE POLICIES OF ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER ("CNMC") THESE POLICIES INCLUDE A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED, A WRITTEN WHISTLEBLOWER POLICY, AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY THE FOUNDATION'S BOARD OF DIRECTORS HAS NOT OFFICIALLY ADOPTED THESE POLICIES, BUT PLANS A RESOLUTION IN THE FUTURE TO FORMALLY ADOPT CNMC'S POLICIES

Identifier	Return Reference	Explanation
PART VI, LINE 19		CHILDREN'S HOSPITAL FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
PART VII, SECTION A		THE INDIVIDUALS LISTED BELOW WORKED THE FOLLOWING HOURS PER WEEK FOR A RELATED ORGANIZATION DURING THE FISCAL YEAR EDWIN K ZECHMAN JR, PRESIDENT/CEO - 52 HOURS MARK BATSHAW MD, BOARD MEMBER - 54 HOURS MAX COPPES MD, BOARD MEMBER - 54 HOURS DENICE CORA-BRAMBLE MD, BOARD MEMBER - 54 HOURS PETER R HOLBROOK MD, BOARD MEMBER - 52 HOURS RICHARD JONAS MD, BOARD MEMBER - 54 HOURS GERARD MARTIN MD, BOARD MEMBER - 54 HOURS KURT NEWMAN DOUGLAS MD, BOARD MEMBER - 54 HOURS ROGER PACKER MD, BOARD MEMBER - 54 HOURS JOSEPH WRIGHT MD, BOARD MEMBER - 54 HOURS DAVID WESSEL MD, BOARD MEMBER - 54 HOURS PAM KING SAMS, VP DVLPMNT, CNMC & COO, CHF - 5 HOURS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Foundation

Employer identification number
52-1640402

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-1640403	HEALTH CARE	DC	501(C)(3)	11B	NA
CHILDREN'S HOSPITAL 111 MICHIGAN AVENUE NW WASHINGTON, DC20010 53-0196580	HEALTH CARE	DC	501(C)(3)	3	NA
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-1654453	RESEARCH	DC	501(C)(3)	9	NA
CHILDREN'S HOPSITAL SELF INSURANCE TRUST 111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-1640399	INSURANCE	DC	501(C)(3)	11C	NA
SAFE KIDS WORLDWIDE 1301 PENNSYLVANIA AVENUE NW WASHINGTON, DC20004 52-1627574	INJURY PRVNTN	DC	501(C)(3)	11A	NA

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
CHILDREN'S PEDIATRICIANS ASSOCIATES LLC 111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-2072589	HEALTH CARE	DC	NA	N/A							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
CHILDREN'S NATIONAL HEALTH NETWORK 111 MICHIGAN AVENUE NW WASHINGTON, DC20010 52-1996521	HEALTH CARE	DC	NA	C	0	0	0 %
SAFE KIDS WORLDWIDE LTD PO BOX 916 ROAD TOWN TORTOLA, VIRGIN ISLANDS VQ	INJURY PREVENTION	VQ	NA	C	0	0	0 %
BEARACUDA RE PO BOX 69 GRAND CAYMAN, CAYMAN ISLANDS CJ	REINSURANCE	CJ	NA	C	0	0	0 %
BEAR CUB REINSURANCE LTD PO BOX 69 GRAND CAYMAN, CAYMAN ISLANDS CJ	REINSURANCE	CJ	NA	C	0	0	0 %

Part V Transactions with Related Organizations

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**		**No**
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**		**No**
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**		**No**
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**		**No**
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**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

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

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

Part VI Unrelated Organizations Taxable as a Partnership

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?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No