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Form **990-EZ** Department of the Trasury

Internal Revenue Service

Short Form 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) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 75 and 8. 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 75 and 8. 10 Grants and similar amounts paid/(attach schools) E/// ED 11 Benefits paid to or for members (attach schools) E/// ED 12 Salaries, other compensation, and implifying Benefits 13 4, 4, 450. 14 Occupancy, rent, utilities, and mainterpaid (attach explanation) 15 Printing, publications, postage, and students of the expenses (describe > 15 1, 290. 16 Other expenses (describe > 17 1 Total expenses Add lines 10 through 16 17 Total expenses Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Total expenses Add lines 10 through 16 10 ther changes in net assets or fund balances at leading line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at each of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > 1 Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > 15 Total			e 2008 calendar year, or tax year beginning ${ m OCT}~1$, $~2008$ and end	ding SE	P 3	Ο,	2009
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Section 501(c)(3) organizations and 4947(a)(1) monatempt charitable trusts must attach a completed Sendedic A (Form 990 or 190-42) Webstr:	<u> </u>	_l retur	See Number and street (of PO box, if mail is not delivered to street address)				
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K Check If the organization is not a section 509(pt)3 supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return. And lines \$5,60, and 7b, to line 9 to determine gross receipts, \$15,000,000 or more, file form 990-EZ \$364,986. Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1) \$8,500. Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1) \$8,500. Part 1 Revenue including government fees and contracts 2 3 261,000. Part 2 Program service revenue including government fees and contracts 2 3 261,000. Part 3 Revenue including government fees and contracts 2 3 261,000. Part 4 Part 4 Part 5 2 2 3 3 2 4 7 7 In unstanced in contracts 2 2 3 3 4 7 7 In unstanced in contracts 2 2 3 3 4 7 7 In unstanced in contracts 2 2 3 3 4 7 7 In unstanced in contracts 2 3 3 4 7 7 In unstanced in contracts 2 3 4 7 7 In unstanced in contracts 2 3 4 7 7 In unstanced in contracts 2 3 4 7 7 In unstanced in contracts 3 4 7 7 In unstanced in contracts 3 5 5 7 3 8 1 1 1 1 1 1 In unstanced in contracts 3 5 5 7 3 1 1 1 1 1 1 1 In unstanced in contracts 3 5 5 7 3 1 1 1 1 1 1 1 1 1]	_		•
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Table of the state			LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.			C.X	Form 990-EZ (2008)

Form 990-EZ (2008) CONGENITAL HE.				20-	01988	63 Page 2
Part III Statement of Program Service			Part III)		Ex	penses
What is the organization's primary exempt purpose?	EE STATEMENT	9				for 501(c)(3)
Describe what was achieved in carrying out the organizati	on's exempt purposes. In a	clear and concise manner, de	escribe the services	_	1 and (4) or 4947(a)(1	ganizations and) trusts, optional
provided, the number of persons benefited, or other relev	ant information for each pr	ogram title.	· · · · · - · · · · · · · · · · · ·		for others	
28 SEE STATEMENT 7						
100.000						
(Grants \$ 180,000.) If this an	nount includes foreign o	rants, check here		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	28a	180,000.
29 SEE STATEMENT 8			·			
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(Grants \$) If this an	nount includes foreign o	rants, check here	MEMBERG		29a	12,700.
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WHICH ENHANCE THE MEMBER		PING UPDATED	ON NEWS A	MD		
TECHNIQUES AND PROCEDUR						2 055
	ount includes foreign o	rants, check here		<u> </u>	30a	<u>2,855.</u>
31 Other program services (attach schedule)						
	nount includes foreign o	rants, check here		لبا	31a	105 555
32 Total program service expenses (add lines 28a thro					32	195,555.
Part IV List of Officers, Directors, Tr	ustees, and key E	Inployees. List each one ev	ven if not compensated			or Part IV)
		(b) Title and average hours	(c) Compensation		ntributions mployee	(e) Expense
(a) Name and address		per week devoted to	(If not paid, enter	bene	fit plans &	account and
		position	-0)	L	eferred	other allowances
DIGUADD A TONAC M D E	NCC C/O	DDECTDENIM		Com	pensation	
RICHARD A. JONAS, M.D., FR PRRI, 900 CUMMINGS CENTER		PRESIDENT 2.00	0.		0.	0
CARL L. BACKER, M.D., C/O		SECRETARY-TRE		 	0.	0.
CUMMINGS CENTER, SUITE 22		2.00	O.		0.	0.
EDWARD L. BOVE, M.D., C/O		PAST-PRESIDEN		 	<u> </u>	
CUMMINGS CENTER, SUITE 22		2.00	o.		0.	0.
ERLE H. AUSTIN, III, M.D.		PRESIDENT-ELE		<u> </u>		<u> </u>
900 CUMMINGS CENTER, SUIT		2.00	0.		0.	0.
JEFFREY P. JACOBS, M.D.,		DIRECTOR		-		
900 CUMMINGS CENTER, SUIT		2.00	0.	1	0.	0.
MARSHALL L. JACOBS, M.D.,		DIRECTOR	<u>``</u>			
900 CUMMINGS CENTER, SUIT		2.00	٥.		0.	0.
GARY K. LOFLAND, M.D., C/		DIRECTOR		<u> </u>		<u>_</u>
CUMMINGS CENTER, SUITE 22		2.00	0.		0.	0.
JAMES S. TWEDDELL, M.D.,	C/O PRRI.	DIRECTOR				
900 CUMMINGS CENTER, SUIT	E 221-U.	2.00	0.		0.	0.
HENRY L. WALTERS, III, M.		DIRECTOR				
PRRI, 900 CUMMINGS CENTER	, SUITE	2.00	0.	ļ	0.	0.
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Form **990-EZ** (2008)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			į
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			İ
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions	1		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities $39b N/A$			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ O . , section 4912 ▶ O . , section 4955 ▶ O .			
þ	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part t	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 Sections 4912, 4955, and 4958 O .			
	Elifer amount of tax on line 400 fellinbursed by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			X
	transaction? If "Yes," complete Form 8886-T	40e	l	<u>_ </u>
41	List the states with which a copy of this return is filed ► IL, MA The books are in care of ► PRRI Telephone no ► 978-92	78	330	
42 a		191	5	
	Lucated at > 500 Colmitation Cart	171	-	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	X
	account)?	720		† <u></u>
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	1	х
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	720	' -	, -
	If "Yes," enter the name of the foreign country.		>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	D. Little and a second standard funds 2 If "Voc." Form 000 must be completed instead of		1	1
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44]	X
	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	ļ		1
45		45	[X
_	completed instead of Form 990-EZ		190-EZ	(2008

office? 47 Did the 48 Is the o 49a Did the b If "Yes," 50 Comple	organization make any transfers to an exempt non-charitable related or was the related organization(s) a section 527 organization? ete this table for the five highest compensated employees (other than of	dule C, Part II ? If "Yes," complete Sched rganization?	·	Ę	Yes	No		
office? 47 Did the 48 Is the o 49a Did the b If "Yes," 50 Comple	If "Yes," complete Schedule C, Part I organization engage in lobbying activities? If "Yes," complete Sche organization operating a school as described in section 170(b)(1)(A)(ii) organization make any transfers to an exempt non-charitable related or was the related organization(s) a section 527 organization? Set this table for the five highest compensated employees (other than of	dule C, Part II ? If "Yes," complete Sched rganization?	·	Ę				
 47 Did the 48 Is the o 49a Did the b If "Yes," 50 Complete 	organization engage in lobbying activities? If "Yes," complete Sche irganization operating a school as described in section 170(b)(1)(A)(ii)' organization make any transfers to an exempt non-chantable related or was the related organization(s) a section 527 organization? ete this table for the five highest compensated employees (other than of	7 If "Yes," complete Sched rganization?	ule E	<u> </u>	46			
48 Is the o 49a Did the b If "Yes," 50 Comple	organization operating a school as described in section 170(b)(1)(A)(ii)' organization make any transfers to an exempt non-charitable related or was the related organization(s) a section 527 organization? Sete this table for the five highest compensated employees (other than of	7 If "Yes," complete Sched rganization?	ule E		47	X		
49a Did the b If "Yes," 50 Comple	organization make any transfers to an exempt non-charitable related or was the related organization(s) a section 527 organization? ete this table for the five highest compensated employees (other than of	rganization?	ule E					
b If "Yes," 50 Comple	was the related organization(s) a section 527 organization? ete this table for the five highest compensated employees (other than of		49a Did the organization make any transfers to an exempt non-charitable related organization?					
50 Comple	ete this table for the five highest compensated employees (other than of			<u> </u>	49a	X		
		Manage		<u> </u>	49b	<u> </u>		
	pensation from the organization of there is none, enter "None"	nicers, directors, trustees and	key employees) who	each received mo	re than \$10	0,000		
			·					
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expe account other allow	and		
		•			}			
	ete this table for the five highest compensated independent contractors in enter "None" NONE	who each received more than	\$100,000 of compe	isation from the oi	rganization	If there		
	(a) Name and address of each independent contractor paid more to	nan \$100,000	(b) Type of ser	vice (c)	Compensa	tion		
						• •		
	r of other independent contractors each receiving over \$100,000							
Total numbe	i or other independent contractors each receiving ever \$100,000	ompanying schedules and statemen	its, and to the best of m knowledge	y knowledge and believed by the property of th	ef, It is true,			
Total numbe Sign Here	Under penalties of perjury, I declare that I have examined this return, including accorded, and complete pectagration of preparer (other than officer) is based on all inf	ornation of which preparer has any						
Sign	tail 2 bourse, M.S.							
Sign Here Paid Preparer's	Signature of officer CARL L. BACKER, M.D., SECRETA	ARY-TREASURER Date Che		parer's identifying Nur	nber (See inst	r)		
Sign Here Paid Preparer's Use Only	Signature of officer CARL L. BACKER, M.D., SECRETA Type or print name and title. Preparer's signature RAYMOND L. ANSTISS, J	ARY-TREASURER Date Che			mber (See Inst	r)		
Sign Here Paid Preparer's Use Only	Signature of officer CARL L. BACKER, M.D., SECRETA Type or print name and title. Preparer's signature RAYMOND L. ANSTISS, J	ARY-TREASURER Date Che	oloyed	>	mber (See inst	r)		
Sign Here Paid Preparer's Use Only	Signature of officer CARL L. BACKER, M.D., SECRETA Type or print name and title. Preparer's signature RAYMOND L. ANSTISS, J. Firms name (or yours ANSTISS & CO., P.C.	ARY-TREASURER Date Che	oloyed EIN I	>				

SCHEDULE A (Form 990 or 990-EZ)

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

Inspection

Name of the organization

CONGENITAL HEART SURGEONS' SOCIETY

Employer identification number

				TAL HEART SU						20	-0198	863	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t.) (see ins	tructions)				
Γhe	organ	ization is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	zation)						
1	\square	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	닏	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization (described	n section	170(b)(1)	(A) (iii). (At	tach Sche	dule H.)			
4		A medical res	search organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	ı). Enter th	ne hospital	i's name	∍,
		city, and stat											
5		An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a governi	mental uni	t describe	d In		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	\square	A federal, sta	ite, or local governm	ent or governmental unr	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	Ш	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic desc	ribed in	ı
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	\Box	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X	An organizati	ion that normally rec	eives. (1) more than 33 ⁻	1/3% of its	support f	rom contr	butions, n	nembershi	p fees, an	d gross re	ceipts fr	rom
				actions - subject to certa			-				_		
				exable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	fter June 3	10, 1975	j.
			509(a)(2). (Complete	•									
10	\vdash	•	•	perated exclusively to te	•	•				•			
11		•		perated exclusively for the		•					•		r
				itions described in secti	,	•		2). See se c	ction 509(a)(3). Che	ck the box	, that	
			· · · · · · · · · · · · · · · · · · ·	organization and complete		_					Type III - (O41	
_		a Type I		」Type II	Typ		•	-	r mara dia		••		
е		,		n the organization is not han one or more publich		•	•	-		•			•
f			-	ten determination from t		-				(a)(1) 01 S	ection 50s	η(α)(Σ).	
•		-	rganization, check th		ine ine ine		pe i, type	11, 01 1390	<i>-</i> 111				
g	1		-	rganization accepted ar	nv aift or c	ontribution	from any	of the follo	owing per	sons?			
9		-		rectly controls, either al			•					Yes	No
		••	•	upported organization?						,,	11g(i)		
		-	· ·	described in (i) above?	,						11g(ii)		
		• •	· ·	person described in (i)		∍?					11g(iii)		
h)		•	about the organizations			oports.						
			y				·						
m	Name	of supported	(II) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) An	nount of	
1-7		inization	(, 2	organization (described on lines 1-9	in col (i) lis				organization (i) organiz	on in col ed in the		port	
				above or IRC section	governing		.,,	r support?	US	7			
			<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No			
			([
					 					 			
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Tota	9 1		L >	E	.L	<u> </u>	<u> </u>	!	L.,	<u> 1 1</u> .			

Schedule A (Form 990 or 990-EZ) 2008

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

Schedule A (Form 990 or 990-EZ) 2008 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public Support. Subtract line 5 from line Section B. Total Support (f) Total Calendar year (or fiscal year beginning in)▶ (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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

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

Schedule A (Form 990 or 990-EZ) 2008

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

Sec	ction A. Public Support	// yarıızatıdı is	Described in	3ection 309(a)	(Complete only	if you checked the b	ox on line 9 of Part I)
	endar year '(or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(a) 2009	(6 T-4-1
	Gifts, grants, contributions, and	(8) 2004	(0) 2003	(6) 2000	(0) 2007	(e) 2008	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	274 921	196 100	294,052.	270 500	269,500.	1204072
_	• • •	2/4,021.	190,100.	294,032.	270,500.	269,300.	1304973.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	7 200	250	7 025	11 750		26 225
	organization's tax-exempt purpose	7,300.	250.	7,025.	11,750.		26,325.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	282,121.	196,350.	301,077.	282,250.	269,500.	1331298.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	,					J
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	65,000.					135,000.
•	: Add lines 7a and 7b	65,000.	45,000.	15,000.	10,000.		135,000.
	Public support (Subtract line 7c from line 6.)						1196298.
Seg	ction B. Total Support	·				,	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	282,121.	196,350.	301,077.	282,250.	269,500.	1331298.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,735.	10,424.	2,461.	3,690.	18,310.
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					1	l
	Add lines 10a and 10b		1,735.	10,424.	2,461.	3,690.	18,310.
	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.)	<u> </u>		500.			500.
13	Total support (Add lines 9, 10c, 11, and 12)						1350108.
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶ 🗀
Se	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2008 (I			olumn (fl)		15	88.61 %
16			•	<i>(11</i>		16	84.01 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13. column (fl)		17	1.36_ %
	Investment income percentage from 2			10, 001011111 (1))		18	1.36 %
18	33 1/3% support tests - 2008. If the			on line 14 and line	15 is more than 3		
198		=					→ X
	more than 33 1/3%, check this box at	•	•				 -
t	33 1/3% support tests - 2007. If the						■ [
	line 18 is not more than 33 1/3%, che			· ·			
20	Private foundation. If the organization	n did not check a l	DOX ON line 14, 19	a, or 190, check th			2 200 57 222
					Sch	edule A (Form 99	0 or 990-EZ) 2008

FORM 990-EZ .	ОТН	ER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
TRAVEL				3,016	5.
CONFERENCES				9,651	l .
CONTRACTED SERVICES				36,000	
INSURANCE				172	
TELEPHONE				814	
STORAGE COMMITTEES				2,855	
SUPPLIES				373	
BANK FEES				1,300	
FILING FEES				185	
	TANE 16				
TOTAL TO FORM 990-EZ,	LINE 10			54,375	· —
FORM 990-EZ	OTHER	LIABILITIES		STATEMENT	2
DESCRIPTION			BEG. OF YEAR	END OF YEAR	λ.
PREPAID DUES		-	0.	500) _
DEFERRED REVENUE			0.	9,450	
		-			
TOTAL TO FORM 990-EZ,	LINE 26	=	0.	9,950	—
FORM 990-EZ GAIN	(LOSS) FROM PUB	LICLY TRADED S	SECURITIES	STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SECURITIES	91,797.	149,178.	. 0.	<57,381	 L.>
TO FORM 990-EZ, LINE	91,797.	149,178.	. 0.	<57,381	 L.>
					=

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR F	UND BALANCES	STATEMENT 4
DESCRIPTION		AMOUNT
UNREALIZED GAIN/(LOSS) ON INVESTMENT		19,643.
TOTAL TO FORM 990-EZ, LINE 20		19,643.
FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT 5
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
RESEARCH GRANT CHSS DATA CENTER, HOSPITAL FOR SICK CHILDREN 555 UNIVERSITY AVE TORONTO ON M5G 1X8	NONE	180,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		180,000.

FORM 990-EZ INFORMATION REGARDIN ASSOCIATED WITH PERSONAL	
A) DID THE ORGANIZATION, DURING THE YEAR, DIRECTLY OR INDIRECTLY, TO PAY PREMIUM BENEFIT CONTRACT?	S ON A PERSONAL
B) DID THE ORGANIZATION, DURING THE YEAR, DIRECTLY OR INDIRECTLY, ON A PERSONAL	

990-EZ PG 2

STATEMENT

7

MEMBERSHIP CHSS DATA CENTER FOLLOWS THE PROGRESS OF CONGENITAL HEART PATIENTS, PROVIDING RESULTS TO THE MEMBER INSTITUTIONS IN ORDER FOR THEM TO SEE THE LONG-TERM RESULTS, COMPLICATIONS, AND ADDITIONAL TREATMENTS AFTER SURGERY.

990-EZ PG 2 .

STATEMENT

8

ANNUAL SCIENTIFIC MEETINGS FEATURE FREE DISCUSSION OF PROBLEMS AND DEVELOPMENTS RELATING TO CONGENITAL HEART SURGERY, ALLOWING PHYSICIANS TO LEARN THE LATEST TECHNIQUES AND STAY ABREAST OF ANY IMPROVEMENTS IN THEIR FIELD.

990-EZ PG 2

STATEMENT

9

TO ASSOCIATE PERSONS INTERESTED IN, AND CARRY ON ACTIVITIES RELATED TO, THE SCIENCE AND PRACTICE OF CONGENITAL HEART SURGERY, TO SPONSOR AND OVERSEE MULTI-INSTITUTIONAL CLINICAL STUDIES EVALUATING THE APPLICATION OF SURGICAL INTERVENTIONS IN CONGENITAL HEART DISEASE, TO ENCOURAGE AND STIMULATE INVESTIGATION AND STUDY THAT WILL INCREASE THE KNOWLEDGE OF CONGENITAL CARDIAC PHYSIOLOGY, PATHOLOGY AND THERAPY, AND TO CORRELATE AND DISSEMINATE SUCH KNOWLEDGE, TO HOLD SCIENTIFIC MEETINGS FEATURING FREE DISCUSSION OF PROBLEMS AND DEVELOPMENTS RELATING TO CONGENITAL HEART SURGERY, AND TO SUCCEED TO, AND CONTINUE TO CARRY ON THE ACTIVITIES FORMERLY CONDUCTED BY THE CONGENITAL HEART SURGEONS SOCIETY, AN UNINCORPORATED ASSOCIATION.