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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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public Inspection

Α	For the	2008 calendar year, or tax year beginning NOV 1, 2008 and ending	OCT 31, 2009	)							
В	Check if	Please C Name of organization	D Employer identif	ication number							
) i	applicabl	use IRS									
′ 🗀	Addre chang	label or   THE WASHINGTON CHILDREN'S FOUNDATION									
: 〒	Name chang	type	20-5	877229							
	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/su									
-	retum Termir	Specific E 1 0.1 THE GOOD GIVE ALTERNATE AND 1200	•	3)363-0005							
`	⊒ation □Amen	instruction STOT WISCONSIN AVENUE, NW 1200									
;	Ireturn □Applic	City or town, state or country, and zir + 4	G Gross receipts \$	4,152,660.							
; L	Application pendir		H(a) Is this a group r								
		F Name and address of principal officer:MICHAEL RYAN	for affiliates?	Yes X No							
_		SAME AS C ABOVE	H(b) Are all affiliates in								
	I Tax-exempt status: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions										
		e: > HTTP://WWW.WCFDC.ORG/	H(c) Group exemption								
			ear of formation: 2006  i	M State of legal domicile: DC							
P	art I	Summary		<del></del>							
ø	1	Bneffy describe the organization's mission or most significant activities: ${f THE\ MISS}$									
Governance		<u>CHILDREN'S FOUNDATION IS TO ASSIST NON-PROFI</u>									
Ĕ	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of in	ore than 25% of its asse	ts.							
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	4							
<u>ن</u> مع	4	Number of independent voting members of the governing body (Part Mine 1b)	2010 8	4							
Se		Total number of employees (Part V, line 2a)	2010 0	1							
Ę	6	Total number of volunteers (estimate if necessary)	6	0							
Activities &	7a	Total gross unrelated business revenue from Part VIII, line 12, column (©) OGDEN		0.							
•	1	Net unrelated business taxable income from Form 990-T, line 34	7b	0.							
Revenue			Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)	600.	925.							
	9	Program service revenue (Part VIII, line 2g)									
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	137,429.	-635,375.							
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,036.							
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,029.	-631,414.							
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	276,100.	300,000.							
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1							
w	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	55,000.	61,621.							
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	337000	0 = 7 0 2 = 0							
De.	""	Total fundraising expenses (Part IX, column (D), line 25)		· · · · · · · · · · · · · · · · · · ·							
ᄍ	1,7		107,113.	14,614.							
	!	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	438,213.	376,235.							
	i i	Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12	-300,184.								
= 6	19	nevenue less expenses. Subtract line to from line 12									
Net Assets or	200	Total access (Dad V. has 4C)	Beginning of Year 14,169,110.	End of Year 15,802,717.							
SSE	20	Total assets (Part X, line 16)		<del> </del>							
et	21	Total liabilities (Part X, line 26)	$\frac{1,740}{14,167,370}$	15,030. 15,787,687.							
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	14,167,370.	15,787,687.							
1	a1 L 11		nts, and to the best of my knowler	tge and helief it is true, correct							
		Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statemer and complete. Declare to preparer (other than officer) is based on all information of which preparer has any knowled	dge	ago wild belief, it is due, confect,							
۵.		11/1 Charl Shear	19-17	- 1 <del>8</del>							
Sig		Signature of officer	Date	10							
Hei	e		Dato								
		MICHAEL RYAN, EXECUTIVE DIRECTOR Type or proof name and title									
		Date	Check if Prepa	rer's identifying number							
Paid	đ		self- (see if	nstructions)							
Pre	parer's	Signature P COMPANY P C	employed	<del></del>							
	Only	vours if FRANK & COMPANI, P.C.	EIN ►								
self-employed, address, and address, addre											
_		ZIP+4 MCLEAN, VA 22101	Phone no. 🕨 (	703)821-0702							
Mar	v the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No							

	990 (2008)		I CHILDREN'S FOUNDAT	<u> </u>	77229 Page <b>2</b>						
Par	III Statem	ent of Program Service Acco	mplishments (see instructions)								
1	Bnefly describe	the organization's mission.									
	-	DATION IS A GRANT-M	TAKING ORGANIZATION	THAT ASSISTS NO	N-PROFTT						
	•	ATIONS AND AGENCIES	THAT WORK WITH AT-	KISK CHILDREN IN	THE						
	DISTRICT	OF COLUMBIA.									
					· · · · · · · · · · · · · · · · · ·						
2	Did the organiza	ation undertake any significant prograr	n services during the year which were	not listed on							
	the prior Form 9	990 or 990-EZ?			Yes X No						
	-	be these new services on Schedule O.	·	·							
		ation cease conducting, or make signif	ioant changes in how it conducts, and	, program convicac?	Yes X No						
	-		icant changes in now it conducts, any	program services?	Tes _A_NO						
	•	be these changes on Schedule O									
4	Describe the ex	tempt purpose achievements for each	of the organization's three largest pro-	gram services by expenses.							
	Section 501(c)(	<ol><li>and 501(c)(4) organizations and sect</li></ol>	tion 4947(a)(1) trusts are required to re	port the amount of grants and							
	allocations to of	thers, the total expenses, and revenue	, if any, for each program service repo	orted.							
4a	(Code:	) (Expenses \$ 354.	491. including grants of \$	300,000.)(Revenue\$	<u> </u>						
	(Code: )(Expenses \$ 354,491. including grants of \$ 300,000.)(Revenue \$ )  CONTRIBUTED TO CHILDREN'S CHARITIES: CHILD AND ADOLESCENT PROTECTION										
	CENTER OF THE CHILDREN'S NATIONAL MEDICAL CENTER, BRIGHT BEGINNINGS,										
	CENTER OF THE CHILDREN'S NATIONAL MEDICAL CENTER, BRIGHT BEGINNINGS, INC., CASA FOR CHILDREN OF DC, SAFE SHORES THE DC CHILDREN'S ADVOCACY,										
			DC, SAFE SHORES THE	4 DC CHILDREN'S	ADVOCACY,						
	& ROSEMO	OUNT CENTER.									
		"			<u>-</u>						
				· · · · · · · · · · · · · · · · · · ·							
			<del></del>								
					-						
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$							
40	(Code.	) (Expenses ¢	including grants or \$	) (Nevenue \$	,						
			· · · · · · · · · · · · · · · · · · ·								
	<del></del>										
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)						
				-							
		· · · · · · · · · · · · · · · · · · ·									
					· · · · · · · · · · · · · · · · · · ·						
	<del></del>				<del> </del>						
				<u> </u>							
4d	Other program	services. (Describe in Schedule O.)									
4d	Other program (Expenses \$	including grants		e \$ )							
4d 4e	(Expenses \$	including grants	of \$ ) (Revenu 354,491. (Must equal Part IX, I								

			Yes	NO_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	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_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
_	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X_
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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	ļ	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	pnor year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			1
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
		Form	990	(2008)

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.			
а	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		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b	X	
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	ļ	X
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	ļ	X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	Х
		Form	990 (	2008)

Form 990 (2008) THE WASHINGTON CHILDREN'S FOUNDATION

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	1	_	İ	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1		
	filed for the calendar year ending with or within the year covered by this return	2a	1	_		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ınstru	ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		=	4a		X
ь	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 a	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action?	?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Rega	rding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than	\$75?	7a		<u> </u>
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 w	vas req	uired			
	to file Form 8282?		1	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	al			
	benefit contract?			7e		<u> X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		7 <u>g</u>		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as re	equired?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	ction 5	09(a)(3)	İ		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring o	rganıza	ation, have			
	excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		ļ
10	Section 501(c)(7) organizations. Enter N/A	1	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
b		10b		-		
11	Section 501(c)(12) organizations. Enter. N/A	۱	I	1		
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	<b>.</b>				
	amounts due or received from them)	11b		۱		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		(	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	1	<u> </u>	990	(2000)
				rurit	33U (	(2008)

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

Sec	ion A. Governing Body and Management						
			Yes	No			
	For each "Yes" response to lines 2-7b 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						
b	Enter the number of voting members that are independent  1b 4			1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X			
6	Does the organization have members or stockholders?	6					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			X			
	governing body?	7a		X			
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		$\stackrel{\Delta}{\longrightarrow}$			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:	8a	X				
a	The governing body?	8b		X			
b O-	Each committee with authority to act on behalf of the governing body?	9a		X			
	Does the organization have local chapters, branches, or affiliates?  If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates,	<del>3</del> a					
D	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						
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х				
11	11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X			
Sec	tion B. Policies	<b></b>					
			Yes	No			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b	X				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1				
	ın Schedule O how this is done	12c	X				
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X			
14	Does the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent		-				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:						
а	The organization's CEO, Executive Director, or top management official?	15a	ļ	X			
b	Other officers or key employees of the organization?	15b		X			
	Describe the process in Schedule O. (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-	1	X			
	taxable entity during the year?	16a		_			
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	46h		$\vdash$			
<u></u>	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>			
_	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶DC						
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for					
18	public inspection. Indicate how you make these available. Check all that apply.	, 101					
	Own website Another's website X Upon request						
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fin	ancial				
19	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	<b>&gt;</b>				
20	THE WASHINGTON CHILDREN'S FOUNDATION - 202-363-0005						
	5101 WISCONSIN AVENUE, NW. SUITE 200, WASHINGTON, DC 20016						
83200 12-18		Forn	990	(2008)			

# 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), 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, and 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.

(A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	_ ا		Posi			6.4	Reportable	Reportable	Estimated
	hours per week	director	Institutional trustee		Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CHARLES C WILKES										
PRESIDENT	5.00	X	▙	X	L	<b>!</b> —	<u> </u>	0.	0.	0
JAMES G MERSEREAU TREASURER	5.00	x	ł					0.	0.	0
WALTER O PRYER	3.00	-	├	├	$\vdash$	┿	┢	<u> </u>	<u> </u>	
SECRETARY	5.00	x		1				0.	0.	0
KAREN M HARDWICK			Ì	T	T	T				
MEMBER	5.00	Х				L		0.	0.	0
MICHAEL F RYAN EXECUTIVE DIRECTOR	40.00			x				35,308.	0.	(
			ļ						_	
<u> </u>										

Form 990 (2008)

Name and business address

Description of services

Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

Form 990 (2008)

from the organization

	1 VII			N_CUILDR	THIO S FOUND	ATTON	20-3011	<u> 229 Page 9</u>
rai	( AII	Statement of Neven	ue .		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a		-			
듣		Membership dues	1b					
g,E		Fundraising events	1c					
# E		Related organizations	1d					
S, G		Government grants (contribute						
i si		All other contributions, gifts, grants						
E E	•	similar amounts not included abov	1 1	925.				
들임	a	Noncash contributions included in lines						
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a-1f			925.			
				Business Code				
9	2 a		Г					<u> </u>
ξa	b							
S	С							
eve	d							
Program Service Revenue	е							
ፈ	f	All other program service rever	nue					
$\perp$	g	Total. Add lines 2a-2f		<b>•</b>				
- 1	3	Investment income (including of	dividends, intere	st, and	[			
İ		other sımılar amounts)		<b>&gt;</b>	437,041.			437,041.
	4	Income from investment of tax	exempt bond pr	roceeds				
	5	Royalties		<u>.</u>				
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
		Rental income or (loss)						
}		Net rental income or (loss)			····			
1	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		<del>-</del>	3711658.					
	b	Less. cost or other basis						
		· · · · · · · · · · · · · · · · · · ·	4784074.	<del>_</del> _				
1	С	Gain or (loss)	<u>-1072416</u>		1050416	1070416		
	d	• , ,			-10/2416.	-1072416.		
å	8 a	Gross income from fundraising						
Ve		including \$						
Other Revenue		contributions reported on line						
ē		Part IV, line 18	a		-			
8		Less: direct expenses	b (		-			1
ļ	C	Net income or (loss) from fund Gross income from gaming ac	- r			<u> </u>	· · · · · · · · · · · · · · · · · ·	
	эa	Part IV, line 19						
	<b>h</b>	Less: direct expenses	a l b		1			
		Net income or (loss) from gam	- 1		1			
		Gross sales of inventory, less	ſ	<u>F</u>				
	10 a	and allowances	a		1			
	ь	Less: cost of goods sold	b	<del></del>	1			
ĺ		Net income or (loss) from sales	1	<b>•</b>	1			
ľ		Miscellaneous Revenue		Business Code				
	11 2	MISCELLANEOUS I		900099	3,036.			3,036.
·	b							2,300.
	c							
	h	All other revenue						
	A	Total, Add lines 11a-11d	•	<b></b>	3,036.			
	12	Total Revenue. Add lines 1h, 2g, 3, 4	4, 5, 8d, 7d, 8c. 9c. 10	c, and 11e		-1072416.	0.	440,077.
83200 02-02								Form <b>990</b> (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) : All other organizations must compl		tions must complete al not required to comple		I (D).
	not include amounts reported on lines 6b,		(B)	(C)	
	3b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Managèment and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and	200 000	200 000		
	organizations in the U.S. See Part IV, line 21	300,000.	300,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		<del></del>		<del></del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16		_		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	57 000	40 750	14 250	
_	trustees, and key employees	57,000.	42,750.	14,250.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,621.	3,466.	1,155.	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting	29.	22.	7.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	987.	740.	247.	
12	Advertising and promotion	109.	82.	27.	
13	Office expenses	299.	224.	75.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	527.	395.	132.	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates		4 = 6 =		
22	Depreciation, depletion, and amortization	6,047.	4,536.	1,511.	
23	Insurance	2,904.		2,904.	
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.)				
а	FOREIGN TAXES	2,795.	2,096.	699.	······································
a b	DUES AND SUBSCRIPTIONS	602.	270500	602.	
c	WEB DESIGN	240.	180.	60.	<del></del>
d	LICENSES AND PERMITS	75.		75.	<u>.</u>
e		, 5 •			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	376,235.	354,491.	21,744.	0.
26	Joint Costs. Check here J if following		32-1-24	,,	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	The state of the s				5 000 (000)

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Form **990** (2008)

Pa	rt X	Balance Sheet	DATION	20 30	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u>.go</u> .		
<b>,</b>			(A) Beginning of year		(B) End of				
	1	Cash - non-interest-bearing	27,165.	1	4	0,3	73.		
	2	Savings and temporary cash investments	1,418,353.	2	2,01	2,1	71.		
	3	Pledges and grants receivable, net		3	_				
	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					
ts	7	Notes and loans receivable, net .		7					
Assets	8	Inventories for sale or use .		8					
⋖	9	Prepaid expenses and deferred charges		9					
	10a	Land, buildings, and equipment: cost basis 10a 2,706.							
	Ь	Less: accumulated depreciation. Complete				_			
		Part VI of Schedule D 10b 2,014.	1,267.		<del></del> .		92.		
	11	Investments - publicly traded securities .	12,712,207.	11	13,74	<u>4,5</u>	<u> 29</u> .		
	12	Investments other securities. See Part IV, line 11		12	<del></del>				
	13	Investments - program-related. See Part IV, line 11		13					
	14	Intangible assets .	40 440	14					
	15	Other assets. See Part IV, line 11	10,118.	15		4,9			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,169,110.	16	15,80	<u>2,7</u>	17.		
	17	Accounts payable and accrued expenses		17					
	18	Grants payable		_18	-				
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities	<del></del>	20					
ijes	21	Escrow account liability Complete Part IV of Schedule D		21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,							
Ë		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	1,740.	24	1	E 0	20		
	25	Other liabilities. Complete Part X of Schedule D	1,740.	25		5,0 5,0	30.		
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here	1,/40.	26		<u>5,0</u>	30.		
10		· ·							
ĕ		lines 27 through 29, and lines 33 and 34. Unrestricted net assets	14,167,370.	27	15,78	7 6	07		
lan	27 28	Temporarily restricted net assets	14,107,370.	28	13,70	7,0	0 / 6		
Ä	29	Permanently restricted net assets		29			·		
Net Assets or Fund Balances	20	Organizations that do not follow SFAS 117, check here		25			<del></del>		
F		complete lines 30 through 34.							
ţ	30	Capital stock or trust principal, or current funds		30					
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31					
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32					
ž	33	Total net assets or fund balances	14,167,370.	33	15,78	7.6	87.		
	34	Total liabilities and net assets/fund balances	14,169,110.	34	15,80				
Pa		Financial Statements and Reporting				<u> </u>			
<u> </u>		<u> </u>				Yes	No		
1	Acco								
2a		ounting method used to prepare the Form 990 <sup>.</sup> Cash Accrual e the organization's financial statements compiled or reviewed by an independent a	Other accountant?		. 2a	L	X		
		the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>		
		es" to lines 2a or 2b, does the organization have a committee that assumes respon	audit,						
		•	2c		х				
3a	review, or compilation of its financial statements and selection of an independent accountant?  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 a		3a		Х				
h	If "Ye	If "Yes " did the organization undergo the required audit or audits?							

Form **990** (2008)

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### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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

Open to Public Inspection

**Employer identification number** Name of the organization 20-5877229 THE WASHINGTON CHILDREN'S FOUNDATION Reason for Public Charity Status (All organizations must complete this part ) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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.) 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 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. c Type III - Functionally integrated d \_\_\_ Type III - Other a Type I b Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 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? 11q(iii) Provide the following information about the organizations the organization supports. h

(i) Name of supported organization	(ii) EIN	organization	(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	
		(see instructions))	Yes	No	Yes	No	Yes	No		
-										
otal			j					L		

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Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 THE WASHINGTON CHILDREN'S FOUNDATION 20-5877229 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 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005(c) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not 925.17554145. 600 17552620 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 925.17554145. 17552620 600 4 Total. Add lines 1 - 3 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) 17173396**.** 380,749. 6 Public Support. Subtract line 5 from line Section B. Total Support (d) 2007 (e) 2008 (c) 2006 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 17552620 600 925. 17554145. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 586,005. 437,041 1396042. 372,996. 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 3

	or loss from the sale of capital								
	assets (Explain in Part IV.)			7,979.		3,036		<u>, 015</u>	
11	Total support. Add lines 7 through 10						<u> 1896</u> 1	<u> 1202</u>	•
12	Gross receipts from related activities,	, etc (see instructi	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)			
	organization, check this box and stor	here						▶X	1
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2008 (	-	14			%			
15	Public support percentage from 2007		15						
16a	33 1/3% support test - 2008. If the	organization did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or m	nore, check this	box and		
	stop here. The organization qualifies	as a publicly supp	oorted organization	1					]
b	33 1/3% support test - 2007. If the	organization did no	ot check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check	this box		_
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation					ل
17a	10% -facts-and-circumstances tes	t - <b>2008.</b> If the orc	anization did not o	check a box on line	13, 16a, or 16b, a	and line 14 is 10	% or more,		
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop h	ere. Explaın ın Pai	rt IV how the org	ganization		
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supported	lorganization				]
b	10% -facts-and-circumstances tes	t - <b>2007.</b> If the orc	ganization did not d	check a box on line	13, 16a, 16b, or 1	17a, and line 15	ıs 10% or		
	more, and if the organization meets t	he "facts-and-circi	umstances" test, c	heck this box and :	stop here. Explain	in Part IV how	the		
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a public	cly supported orga	anization			]
18	Private foundation. If the organization						ions		1

Schedule A (Form 990 or 990-EZ) 2008

ection A. Public Support  alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	1	e) 2008	(f) Total
Gifts, grants, contributions, and	14,200	10/2000	(0) 2000	(4) 200.	<del>  '</del>	0,2000	(1) 1010.
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions,					1	-	
merchandise sold or services per- formed, or facilities furnished in							
any activity that is related to the organization's tax-exempt purpose					-		
Gross receipts from activities that		1					
are not an unrelated trade or bus- iness under section 513							
1 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		1					
furnished by a governmental unit to							
the organization without charge			ł				
6 Total. Add lines 1 · 5					T		
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons		1					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
c Add lines 7a and 7b					† –		
B Public support (Subtract line 7c from line 6)					<del> </del>	<del></del>	
ection B. Total Support		<u> </u>	I		T		
alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	1	e) 2008	(f) Total
9 Amounts from line 6					<del> </del>		
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
<b>b</b> Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b						-	
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
Other income. Do not include gain or loss from the sale of capital							
assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12)		1	<u> </u>	†			_
4 First five years. If the Form 990 is for t	he organization	's first second the	rd fourth or fifth t	ax vear as a section	on 501	(c)(3) organia	ation
check this box and stop here	na organization	, o moc, a <del>c</del> cond, till	.a, 10antr, 01 mail t	your as a soon	J., JU	(U)(U) UI yai iiz	<u> </u>
ection C. Computation of Public	Support P	ercentage				<u> </u>	
5 Public support percentage for 2008 (III			column (fl)		15		
8 Public support percentage for 2006 (iii					16		
ection D. Computation of Invest					וַטִּוּן		
7 Investment income percentage for 200					17		
3 Investment income percentage for 20	•	•			18		
9a 33 1/3% support tests - 2008. If the o				e 15 is more than		% and line 1	
9a 33 1/3% support tests - 2008. If the o more than 33 1/3%, check this box an	-					70, and 11118 1	, 19 HOL
b 33 1/3% support tests - 2007. If the co	•	•	, ,	• • •		an 33 1/20/	<b>▶</b> ∟_
	ruanization did	TIOL CHECK & DOX OF	inine i4 orii⊓e 19a	a, anu iine 16 is M	iore tha	au ひひ 1/5%, i	a) iU
line 18 is not more than 33 1/3%, chec	-						

# 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.

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE WASHINGTON CHILDREN'S FOUNDATION

20-5877229 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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 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

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

Schedule D (Form 990) 2008

		<u>HINGTON CH</u>							<u>7722</u>		age 2
Par	t III   Organizations Maintaining C	ollections of A	<u>rt, Histo</u>	rical Tre	easures, c	r Oth	<u>er Simila</u>	<u>r Asse</u>	ts (cont	ınued)	
3	Using the organization's accession and other	records, check any	of the foll	owing that	t are a signific	cant us	e of its colle	ction ite	ms (ched	k all	
	that apply)·										
а	Public exhibition	d	ı 🔲 Lo	an or exch	nange progra	ıms					
b	Scholarly research	e	· 🗀 ot	her							
c	Preservation for future generations										
_	Provide a description of the organization's co	ellections and explai	n how the	v further th	ne organizatio	on's exe	empt purpos	se in Par	t XIV		
	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
	t IV Trust, Escrow and Custodial					red "Ye	s" to Form	990. Pai		9. or	
	reported an amount on Form 990, Par	_	- 00p.o.	· · · · · · · · · · · · · · · · · · ·				, · · ·	,	•, •.	
10	Is the organization an agent, trustee, custodi		diany for co	ntribution	e or other as	eate no	tuncluded				
ıa	on Form 990, Part X?	an or other intermet	Jiai y IOI CC	minbullon	S OF Other as	3613 110	i iiiciaaea		Yes		No
ı.	, and the second second second second second second second second second second second second second second se	and complete the fo	ilowana tol	blo:	•		•		_ 162		1 140
D	If "Yes," explain the arrangement in Part XIV	and complete the it	nowing tai	DI <del>U</del> .					A		
	Danisana balanca						4-		Amoun	<u>.                                    </u>	
	Beginning balance	•					1c				
	Additions during the year						1d				—
e	Distributions during the year						1e				—
f	Ending balance						1f		٦.,		٦
	Did the organization include an amount on Fo		217					L.	」Yes	L	∐ No
	If "Yes," explain the arrangement in Part XIV.				00.0.1071	40					—
Par	t V Endowment Funds. Complete r								1		<del></del>
	ŀ	(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three ye	ars back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions								<del> </del>		
C	Investment earnings or losses								1		
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs							<del></del>	<u> </u>		
f	Administrative expenses										
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administe	red for	the organiza	ation			
	by.									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedu	le R?					3b		
4	Describe in Part XIV the intended uses of the	organization's end	owment fu	nds.							
Par	t VI Investments - Land, Building	s, and Equipm	ent. See	Form 990	, Part X, line	10.					
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) [	Depreciation	, [	(d) Boo	k valu	е
	·	basis (investi	1	basis	(other)	` '	•		• •		
1a	Land						· · · · · · · · · · · · · · · · ·				
b	Buildings										
	Leasehold improvements										
d	Equipment				2,706.		2,01	4.		6	92.
	Other .				_,		,				<del></del>
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. col	umn (B). lır	ne 10(c))				▶		6	92.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 THE WASHIN	GTON CHILDREN'S	S FOUNDATI	ON 20-587722	29 Page <b>3</b>
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		( ) \$4-shd - ( ) -1 - ) -	
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation st or end-of-year market value	· · · · · · · · · · · · · · · · · · ·
Financial derivatives and other financial products				
Closely-held equity interests				
Other				<u>.</u>
				<del> </del>
, ,				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.		3.	(c) Method of valuation:	
(a) Description of investment type	(b) Book value	Cos	st or end-of-year market value	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, I		·		
	(a) Description		<b>(b)</b> Boo	k value
		<u> </u>		
	<del></del>			
				<del></del>
Total. (Column (b) should equal Form 990, Part X, col (E	2) line 15 )			
Part X Other Liabilities. See Form 990, Part			<u> </u>	
(a) Description of liability	.,	(b) Amount		· · · · · · · · · · · · · · · · · · ·
Federal income taxes				
PAYROLL LIABILITIES		15,030.		
		<del></del>		
Total. (Column (b) should equal Form 990, Part X, col (b)	3) line 25 )	<u> 15,030.</u>		
In Part XIV, provide the text of the footnote to the organ	nization's financial statements	that reports the org	anization's liability for uncertain to	ax positions
under FIN 48.			0.1	000) 000
832053 12-23-08			Schedule D (For	m 990) 2008

SCHEDULE I							OMB No 1545-0047
(Form 990)		Grants and Govern	ants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.	ع.		5008
Department of the Treasury Internal Revenue Service	ă A	► Complete if the organizatio	n answered "Yes," on F ■ Attach to Form 990.	" on Form 990, Pa n 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization	THE WASHINGTON CHILDREN'	[ v.	FOUNDATION				Employer identification number 20-5877229
Part   General Information or	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	in records to substantiate	e the amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select	
criteria used to award the grants or assistance?	ints or assistance?						☐ Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	zation's procedures for n	nonitoring the use of grant	funds in the United	States			
Part II Grants and Other Assi	istance to Governments	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	United States. C	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received i	more than \$5,000. Check	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	it received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if additions	al space is needed
1 (a) Name and address of organization or government	anization (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
							TO ASSIST NON-PROFIT
BRIGHT BEGINNINGS, INC							ORGANIZATIONS AND
128 M STREET, N.W.		_					AGENCIES THAT WORK WITH
WASHINGTON DC 20001	52-1697917	.7	50,000.	0			AT-RISK CHILDREN IN THE
CHILD AND ADOLESCENT PROTECTION	CTION						TO ASSIST NON-PROFIT
CENTER OF THE CHILDREN'S NAT'L	AT'L	-					ORGANIZATIONS AND
MEDICAL CTR - 111 MICHIGAN AVENUE,	AVENUE,						AGENCIES THAT WORK WITH
N.W WASHINGTON, DC 20010	0 52-1640402	12	100,000.	0.			AT-RISK CHILDREN IN THE
							TO ASSIST NON-PROFIT
SAFE SHORES, THE DC CHILDREN'S	EN'S						ORGANIZATIONS AND
ADVOCACY - 429 O STREET, NW	j						AGENCIES THAT WORK WITH
WASHINGTON, DC 20001	52-1888617	.7	100,000	0			AT-RISK CHILDREN IN THE
							TO ASSIST NON-PROFIT
ROSEMOUNT CENTER							ORGANIZATIONS AND
2000 ROSEMOUNT AVENUE, NW							AGENCIES THAT WORK WITH
WASHINGTON, DC 20010	52-0954828	8	15,000.	0			AT-RISK CHILDREN IN THE
							TO ASSIST NON-PROFIT
CASA FOR CHILDREN OF DC							ORGANIZATIONS AND
919 18TH ST, NW							AGENCIES THAT WORK WITH
WASHINGTON, DC 20006	03-0472883	13	35,000.	0			AT-RISK CHILDREN IN THE
2 Enter total number of section 501(c)(3) and government organizations	501(c)(3) and governmer	nt organizations					<b>•</b>
3 Enter total number of other organizations	rganizations						•
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	work Reduction Act Not	ice, see the Instructions	for Form 990.				Schedule I (Form 990) 2008

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

832101 12-18-08

Page 2 (f) Description of non-cash assistance (book, FMV, appraisal, other) 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. CHILD AND ADOLESCENT PROTECTION CENTER OF THE CHILDREN'S NAT'L MEDICAL CTR Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information AND AGENCIES THAT WORK WITH AT-RISK CHILDREN IN THE DISTRICT OF COLUMBIA. AND AGENCIES THAT WORK WITH AT-RISK CHILDREN IN THE DISTRICT OF COLUMBIA. (H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST NON-PROFIT ORGANIZATIONS (H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST NON-PROFIT ORGANIZATIONS (d) Amount of non-cash assistance INC THE WASHINGTON CHILDREN'S FOUNDATION NAME OF ORGANIZATION OR GOVERNMENT: BRIGHT BEGINNINGS, (c) Amount of cash grant (b) Number of recipients NAME OF ORGANIZATION OR GOVERNMENT: COLUMN (H): (a) Type of grant or assistance PART II, LINE 1, Schedule I (Form 990) 2008 Part IV Part III

Schedule I (Form 990) 2008

832102 12-18-08

:

20-5877229

Schedule I (Form 990) 2008 THE WASHINGTON CHILDREN'S FOUNDATION 20-5877229 Page 2 Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT:
SAFE SHORES, THE DC CHILDREN'S ADVOCACY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST NON-PROFIT ORGANIZATIONS
AND AGENCIES THAT WORK WITH AT-RISK CHILDREN IN THE DISTRICT OF COLUMBIA.
NAME OF ORGANIZATION OR GOVERNMENT: ROSEMOUNT CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST NON-PROFIT ORGANIZATIONS
AND AGENCIES THAT WORK WITH AT-RISK CHILDREN IN THE DISTRICT OF COLUMBIA.
NAME OF ORGANIZATION OR GOVERNMENT: CASA FOR CHILDREN OF DC
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST NON-PROFIT ORGANIZATIONS
AND AGENCIES THAT WORK WITH AT-RISK CHILDREN IN THE DISTRICT OF COLUMBIA.

#### SCHEDULE L

- (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**QUUO**Open To Public Inspection

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Part I	Excess Benefit								ns only).		10 50	,,,,,,		
	To be completed by	organizations	s that a	answere	ed "Yes	on Form 99	0, Part IV,	ine 25a or	25b, or F	orm 99	0-EZ, Pa	rt V, line	40b	
1	(a) Name of dis	squalified pers	on			(b) Description of transaction					(c) Corr			rected?
(a) Name of disquamed person													Yes	_No
						-								
										<del></del>				
section	the amount of tax imp n 4958 the amount of tax, if a							during the	year un	der	<b>▶</b> \$ <b>▶</b> \$			
Part II	Loans to and/o	r From Int	erest	ed Pe	rsons			<u>.                                    </u>						
	To be completed by						0, Part IV.	line 26, or F	orm 990	·EZ, Pa	rt V, line	38a.		
	ame of interested on and purpose	(b) Loan t	o or fro	om (	c) Origir	nal principal nount		nce due	(e)	in ult?	(f) App	proved ard or nttee?	(g) W agree	ritten ment?
		То	Fro	m				<del></del>	Yes	No	Yes	No	Yes	No
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		1												
								·						
											<b>_</b>	<u> </u>	ļ <u> </u>	
otal Part III	Grants or Assis	stanca Bar	afitir	na Int	orosto	d Person			<u> </u>		<u> </u>			
raitiii	To be completed by			_				line 27						
	a) Name of interested		5 11 Iai 6			onship betwe			and		(c) Amo	unt of a	ant or ty	pe
					<b>3</b> , 110.0		ganization		4.14			f assista		
										<u> </u>				
		<del> </del>												
	· · · · · · · · · · · · · · · · · · ·					-				-				<u> </u>
			-	•										-
Part IV	Business Trans	sactions In	volvi	ng Int	tereste	ed Person	s.					-		
	To be completed by	y organization	s that a					lines 28a, 2	28b, or 2	3c			4 ) 05	
(8	<ul> <li>a) Name of interested</li> </ul>	person				p between II d the organiz		(c) Amo transa		(d)	Descript transact		organiz	aring of zation's nues?
ישרם גר	ROCK CAPITA	T MANIAC	EME	т 0	. ME	RSEREA	TT TC	21	724	TATE	TE CM1	ותיאים	Yes	No v
-WYDE!	COCK CAPITA	T EINING	CLIC	<u> </u>	3. ME	KOLKEA	O 12	31	.,/44	•\T14/	/ESTM	1011.T.	<u> </u>	Х
										1			<del> </del>	
	<del> </del>												<u> </u>	
		erwork Reduc											or 990-E	<u> </u>

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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# 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.

2008
Open to Public Inspection

**Employer identification number** Name of the organization THE WASHINGTON CHILDREN'S FOUNDATION 20-5877229 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AGENCIES AS THEY WORK TO HELP CHILDREN AT RISK IN THE DISTRICT OF COLUMBIA. FORM 990, PART VI, SECTION A, LINE 8B: THE FOUNDATION ONLY HAS A GOVERNING BOARD, NO COMMITTEES. SECTION A, LINE 10: ALL MEMBERS OF THE GOVERNING BOARD FORM 990, PART VI, RECEIVE A COPY OF THE FORM 990 TO REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: AN ANNUAL CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH BOARD MEMBER AT THE FOUNDATION'S ANNUAL MEETING. FORM 990, PART VI, SECTION C, LINE 18: THE FOUNDATION WILL PROVIDE ORGANIZATIONAL INFORMATION UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION WILL PROVIDE GOVERNING DOCUMENTS UPON REQUEST. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: CARDEROCK CAPITAL MANAGEMENT, INC. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: J. G. MERSEREAU IS A BOARD MEMBER AND MANAGING DIRECTOR OF CARDEROCK (D) DESCRIPTION OF TRANSACTION: INVESTMENT ADVISORY SERVICES

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

Schedule O (Form 990) 2008

#### Form **8868**

(Rev April 2007)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

			<u> </u>	
• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			<b>▼</b> [X]
<ul><li>If you</li></ul>	are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)		
Do not o	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Form	1 8868	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)	-		
	501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension check this	s box		. —
and com	plete Part I only			<b>▶</b> []
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns	extensi	on of time	
noted be the addr 990-T In	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form thoual (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a constead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the virs gov/efile and click on e-file for Chanties & Nonprofits.	8868 ele imposite	ctronically if (1) or consolidate	you want d Form
Type or	Name of Exempt Organization	Emplo	yer identificati	on number
print	WASHINGTON CHILDREN'S FOUNDATION	20	-5877229	<b>)</b>
File by the	Number of the Control		-5011225	<u> </u>
due date fo fikng your				
return See	5101 WISCONSIN AVENUE, NW, NO. 200			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20016			
Chack to	ype of return to be filed (file a separate application for each return)			
X Fo	rm 990 Form 990-T (corporation) Form 47	20		
Fo	rm 990-BL	27		
Fo	rm 990-EZ Form 990-T (trust other than above) Form 60	69		
☐ Fo	rm 990-PF Form 1041-A Form 88	70		
	ooks are in the care of WASHINGTON CHILDREN'S FOUNDATION			
	hone No. ► 202-363-0005 FAX No. ►			. —
	organization does not have an office or place of business in the United States, check this box			<b>&gt;</b>
	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
oox ►	. If it is for part of the group, check this box	nembers	s the extension	will cover
	equest an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extensions 15, 2008, to file the exempt organization return for the organization named altor the organization's return for.			
<b>&gt;</b>	alendar year or			
<b>•</b>	X tax year beginning DEC 27, 2006 , and ending OCT 31, 2007			
2 If t	his tax year is for less than 12 months, check reason. X Initial return	Ch	ange in accour	ting period
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nrefundable credits. See instructions.	3a \$	<u> </u>	
b If t	his application is for Form 990-PF or 990-T, enter any refundable credits and estimated	- 1		
tax	payments made. Include any prior year overpayment allowed as a credit.	3b \$	<b>3</b>	
c Ba	lance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
de	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	1		
	e instructions.	3c \$	<b>S</b>	N/A
	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8			
	or Privacy Act and Paperwork Reduction Act Notice, see instructions.		Form <b>8868</b> (R	
•				