

<b>Part II Signature Block</b>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>Doug Vanderslice EVP, CFO &amp; Treasurer</div> </div>
	<div> <div></div> <div>Date</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>
<b>Paid Preparer Use Only</b>	<div> <div>Print/Type preparer's name</div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN P01595811</div> </div> </div>
	<div> <div>Firm's name ▶ Ernst &amp; Young LLP</div> <div>Firm's EIN ▶ 34-6565596</div> </div>
	<div> <div>Firm's address ▶ 200 Clarendon Street Boston, MA 021165072</div> <div>Phone no (617) 266-2000</div> </div>

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

Boston Children's Hospital is the nation's premier pediatric hospital and research enterprise. We serve as the community hospital for the children of Boston, provide specialty pediatric care throughout the region, and offer access to innovative, lifesaving care to children across the world facing rare and complex conditions. Our vision is to build on our legacy of discovery and innovation to harness our powerful combination of life-changing care and world-changing research to drive the breakthroughs that advance and improve the health and well-being of children everywhere. Our four-part mission is to provide access to safe, high quality, compassionate and innovative clinical care to children, research new cures and treatments for diseases and methods of care delivery, train the next generation of pediatric caregivers, and improve the health and well-being of children, with a special emphasis on helping the children of Boston grow and learn in safe, healthy environments.

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$ 1,235,635,575	including grants of \$ 11,365,599	(Revenue \$ 1,505,413,240 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$ 334,680,695	including grants of \$ 0	(Revenue \$ 0 )
See Additional Data				

<b>4c</b>	(Code )	(Expenses \$ 42,726,096	including grants of \$ 0	(Revenue \$ 21,581,499 )
See Additional Data				

See Additional Data Table

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 7,857,862	including grants of \$ 0	(Revenue \$ 0 )
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**4e Total program service expenses** 1,620,900,228

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b> Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b> Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 1,952	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 1	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	14,622			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>	Yes	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 14		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

## Section C. Disclosure

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ► Doug Vanderslice 300 Longwood Avenue Boston, MA 02115 (617) 355-6000

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b> . . . . .										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>1d Total (add lines 1b and 1c)</b> . . . . .								17,311,128	0	953,264

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2,333

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Suffolk Construction 65 Allerton Street Boston, MA 02119	Construction Services	139,503,168
The Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	Healthcare/Research Services	28,978,007
Shepley Bulfinch Two Seaport Lane Boston, MA 02210	Architectural Services	12,780,774
VPNE Parking Solutions 343 Congress Street Boston, MA 02210	Parking Services	8,111,991
PricewaterhouseCoopers LLP PO Box 7247-8001 Philadelphia, PA 19170	Consulting Services	7,724,481

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 277



## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐Contributions, Gifts, Grants  
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 37,348			
<b>b</b> Membership dues . . . . .	<b>1b</b>			
<b>c</b> Fundraising events . . . . .	<b>1c</b> 4,219,036			
<b>d</b> Related organizations . . . . .	<b>1d</b>			
<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 231,488,798			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 179,392,258			
<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .	15,183,774			
<b>h Total.</b> Add lines 1a-1f . . . . .	415,137,440			

## Program Service Revenue

	Business Code				
<b>2a</b> Patient Svc Revenue . . . . .	621110	1,434,737,224	1,434,737,224		
<b>b</b> Prog Svc Grants . . . . .	621110	52,905,804	52,905,804		
<b>c</b> Graduate Medical Educa . . . . .	611710	21,581,499	21,581,499		
<b>d</b> Prof Svc Revenue . . . . .	621110	17,770,212	17,770,212		
<b>e</b> Lab Revenue . . . . .	621500	376,351		376,351	
<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .	1,527,371,090				

## Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		10,336,616		-352,577	10,689,193
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .		8,354,266			8,354,266
<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
	15,100,941				
<b>b</b> Less rental expenses . . . . .	8,459,072				
<b>c</b> Rental income or (loss) . . . . .	6,641,869				
<b>d</b> Net rental income or (loss) . . . . .		6,641,869		-5,670,876	12,312,745
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	298,412,299				
<b>b</b> Less cost or other basis and sales expenses . . . . .	264,421,672				
<b>c</b> Gain or (loss) . . . . .	33,990,627				
<b>d</b> Net gain or (loss) . . . . .		33,990,627			33,990,627
<b>8a</b> Gross income from fundraising events (not including \$ 4,219,036 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 1,885,820				
<b>b</b> Less direct expenses . . . . .	<b>b</b> 1,977,376				
<b>c</b> Net income or (loss) from fundraising events . . . . .		-91,556			-91,556
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue . . . . .	Business Code				
<b>11a</b> Other General Services . . . . .	900099	27,759,876			27,759,876
<b>b</b> Parking Revenue . . . . .	812930	8,524,714			8,524,714
<b>c</b> Cafeteria Sales . . . . .	722210	7,894,079			7,894,079
<b>d</b> All other revenue . . . . .		809,387		178,065	631,322
<b>e Total.</b> Add lines 11a-11d . . . . .		44,988,056			
<b>12 Total revenue.</b> See Instructions . . . . .		2,046,728,408	1,526,994,739	-5,469,037	110,065,266

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	9,973,085	9,973,085		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	1,392,514	1,392,514		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	14,241,675		14,241,675	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	740,588,925	581,410,652	141,500,723	17,677,550
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	38,923,190	37,436,141	239,877	1,247,172
<b>9</b> Other employee benefits.	65,555,689	63,414,949	345,324	1,795,416
<b>10</b> Payroll taxes.	69,490,122	66,835,274	428,255	2,226,593
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	7,615,654	2,254,591	5,361,063	
<b>b</b> Legal.	3,917,196	1,520,256	2,396,940	
<b>c</b> Accounting.	1,770,096	693,038	1,074,608	2,450
<b>d</b> Lobbying.	107,669	107,669		
<b>e</b> Professional fundraising services. See Part IV, line 17.	1,378,073			1,378,073
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	279,539,505	237,750,422	41,035,477	753,606
<b>12</b> Advertising and promotion.	2,142,100	1,861,730	264,526	15,844
<b>13</b> Office expenses.	41,667,273	18,230,446	15,852,021	7,584,806
<b>14</b> Information technology.	38,886,347	12,772,679	25,544,371	569,297
<b>15</b> Royalties.				
<b>16</b> Occupancy.	108,479,940	107,009,241		1,470,699
<b>17</b> Travel.	6,975,275	5,502,471	1,350,723	122,081
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,266,446	1,185,690		80,756
<b>20</b> Interest.	36,045,670	35,566,224	479,446	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	120,863,104	119,923,521		939,583
<b>23</b> Insurance.	8,155,701	5,925,759	2,229,942	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> Lab/Medical/Pharmacy.	258,005,886	257,097,154	908,732	
<b>b</b> Uncollectible Accts.	34,188,976	34,188,976		
<b>c</b> Uncompensated Care.	10,336,281	10,336,281		
<b>d</b> Free Care.	8,511,465	8,511,465		
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,910,017,857	1,620,900,228	253,253,703	35,863,926
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>		
	<b>2</b>	Savings and temporary cash investments . . . . .		607,592	<b>2</b>	30,179,033	
	<b>3</b>	Pledges and grants receivable, net . . . . .		269,599,895	<b>3</b>	252,769,686	
	<b>4</b>	Accounts receivable, net . . . . .		297,700,414	<b>4</b>	325,186,584	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		27,808,866	<b>8</b>	31,244,443	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		27,006,801	<b>9</b>	19,740,177	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	3,253,196,418			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	1,886,293,682	1,197,239,382	<b>10c</b>	1,366,902,736
	<b>11</b>	Investments—publicly traded securities . . . . .		264,908,943	<b>11</b>	237,357,146	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		1,070,412,496	<b>12</b>	1,124,465,251	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		2,403,230	<b>14</b>	2,279,295	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		2,824,829,438	<b>15</b>	2,943,357,342	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		5,982,517,057	<b>16</b>	6,333,481,693		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		315,085,352	<b>17</b>	310,682,550	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		122,272,940	<b>19</b>	148,299,094	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		872,393,932	<b>20</b>	872,102,006	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		347,349,157	<b>23</b>	347,442,169	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		265,815,691	<b>25</b>	444,575,379	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,922,917,072	<b>26</b>	2,123,101,198	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets		2,381,710,816	<b>27</b>	2,474,416,269	
	<b>28</b>	Temporarily restricted net assets . . . . .		879,854,728	<b>28</b>	904,708,832	
	<b>29</b>	Permanently restricted net assets		798,034,441	<b>29</b>	831,255,394	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		4,059,599,985	<b>33</b>	4,210,380,495		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		5,982,517,057	<b>34</b>	6,333,481,693		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,046,728,408
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,910,017,857
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	136,710,551
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,059,599,985
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-76,287,661
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-3,768,169
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	94,125,789
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,210,380,495

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

**Software ID:**  
**Software Version:**  
**EIN:** 04-2774441  
**Name:** Children's Hospital Corporation

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

**CLINICAL CARE** The services we offer - from well child visits and treatment for typical child health issues (broken bones, tonsillitis, etc.) to chronic care (asthma, diabetes, obesity, etc.) and specialty services (oncology, cardiology, neurology) - benefit from our clinicians' high level of specialization, our collaboration with research scientists (many of whom are also physicians) affiliated with the hospital, and our significant investments in equipment, facilities and clinical and support staff. Our team has a deep commitment to setting the bar for quality and safety and exceeding the expectations of our patients and their families for service, undertaking significant investments in each of these areas. In FY2019, Boston Children's saw more than 670,000 outpatient visits, 61,000 emergency department visits, 23,000 inpatient or observation stays, and 29,000 inpatient or day surgeries. Our inpatient case mix index was 2.26 and the average length of stay was 5.8 days. Of the bedded cases, more than 16.8% (CMI > 2.00) can be qualified as clinically complex. Of these patients, approximately 35% (patients on Medicaid/Medicare) are considered low income. BCH is the safety net institution for very sick children throughout the region, supporting the entire health care system for the most complex pediatric cases. We receive referrals from community hospitals as well as from other academic medical centers throughout New England. Approximately 25% of our inpatients are transferred from hospitals & medical centers across Massachusetts for care that no one else can provide. BCH is the single largest provider of care to children enrolled in the Medicaid program, caring for approximately 30% of all pediatric Medicaid patients statewide, including many of the sickest children in the state. BCH also provides clinical care for the largest number of uninsured children in the state. While the numbers are not finalized, we're projecting a Medicaid loss over \$120M for FY19. In FY18 (the most recent complete year we have), for our Massachusetts patients, 39.4% of our gross patient service revenue (GPSR) was from Medicaid, including carved out behavioral health programs and the Children's Medical Security Plan. Increasingly, we have been able to care for and improve life and health outcomes for medically complex children, many with conditions such as congenital heart conditions, childhood cancers & complex neurological and neurosurgical conditions. Our capabilities are accelerating rapidly as we develop new clinical & surgical approaches including gene therapies, stem cell transplant procedures, fetal surgical interventions, and the like. BCH is at the absolute forefront nationally in these & many other areas. As a result, we have seen significant growth in the number of complex patients served - patients who stay longer, require more resources (such as intensive care unit-level care), use a broader range of interdisciplinary specialists, and frequently require substantial support for their whole family. Some of them travel great distances, but equally many are from here in Massachusetts. We've attempted to manage these trends by delivering care in lower cost settings including community hospitals that we help support, and by transitioning inpatient care to multi-specialty outpatient settings where possible. We've built care teams that work effectively across disciplines. We've strived to create a more welcoming and family-centered environment for children & families on the Longwood campus. We need to do more. Recognizing the difficulties that community-based hospitals face in providing specialized pediatric care (which requires significant investments in staff, equipment & training), BCH has formed partnerships with community hospitals throughout eastern Massachusetts, including Beverly Hospital, Winchester Hospital, Charlton Memorial in Fall River, Milford Regional, St. Luke's in New Bedford, Tobey Hospital in Wareham & South Shore Hospital. We've also expanded partnerships with Barbara Bush Hospital at Maine Medical Center and Hasbro Children's Hospital in Providence, RI. Additionally, our physicians see patients at Massachusetts General Hospital. With approximately 100 physicians serving those community hospitals, we enhance the community's and the state's ability to provide access to emergency, neonatal, inpatient & outpatient specialty services for children. BCH also operates satellite facilities in Lexington, North Dartmouth, Peabody & Waltham where we offer specialized care in cardiology, gastroenterology, neurology, respiratory diseases, diabetes, orthopedic surgery, urology, behavioral health and other specialties, as well as Martha Eliot Health Center, our community health center in Jamaica Plain. In addition, our physicians offer outpatient services at our Physician Office Locations in Brockton, Milford, Norwood & Weymouth. The Pediatric Physicians Organization at Children's consists of more than 300 physicians and 100 nurse practitioners and physician assistants across Massachusetts who work in close collaboration with Boston Children's. Additionally, our BCH Physicians partnership is a multi-specialty, pediatric practice with strong medical and academic roots, whose more than 276 physicians serve families in 57 locations throughout New York's Metropolitan Area, the Hudson Valley, Connecticut and New Jersey. Each year, BCH improves the quality of the clinical care it provides by recruiting talented staff, investing in cutting-edge equipment and technology, undertaking safety & quality initiatives, supporting community health programs and ensuring that our facilities make the care process easier & more comfortable for all the patients & families we serve. For example, Focus on Quality and Safety. At BCH, a dedication to quality & patient safety is embedded in everything we do. We continuously measure & track our performance in order to improve the care we provide. We believe measurement is essential for providing world-class care. If we don't track how we're doing, we can't identify areas of care that need improvement. And we can't identify high-performing areas that could serve as a model throughout BCH & the health care industry as a whole. By closely watching our quality & safety outcomes, we push ourselves to get better every day & raise the standard of care everywhere. We are committed to transparency in our efforts to constantly improve quality & safety, and clinical departments at BCH publish information on both in their own sections of our website. We value the insights of parents, patients & families when it comes to quality and safety. Parents know their child best, and they often have excellent ideas about how care can be improved. Adult family members, and children who are old enough, are encouraged to voice their observations, opinions or concerns to members of the care team. Doctors, nurses, researchers & administrators throughout BCH are continually exploring new ways of improving the quality of care we provide. Whenever possible, we share our successes & breakthroughs with the wider world, so that other health care professionals can learn from our experience and join us in raising the standard of care for children everywhere. In addition, BCH is engaged in an ongoing enterprise-wide commitment, extending to all staff as well as patients and families, to be a High Reliability Organization, one where ZERO preventable harm will occur to any patient, family member or team member. Foster innovation. Through the work of the Innovation and Digital Health Accelerator, BCH reinforces a commitment to, and investment in pediatric innovation. We are combining our data, clinical expertise, and health care technology development experience, with leading worldwide industry partners - including start-ups - to transform health care. Through the IDHA, we continue to make significant investments in the area of digital and technology-driven care. We know that the patient's journey is going to be not only more personalized as it comes to their care, but clearly more digital. Some of our ongoing projects include - Circulation, which leverages on-demand transportation services to ease the burden of non-emergency medical transportation - Mighty, which uses the power of video games to help kids 6-14 struggling with anxiety and controlling emotions build emotional strength and resilience - An Early Literacy Screening App that can effectively screen for early signs of literacy challenges in only 30 minutes and link to risk-specific evidence-based responses for screening - Mindlight Medical, a brain-based diagnostic service that leverages EEG data to provide risk assessment & monitoring services for autism in infants as early as 3-6 months.

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**Form 990, Part III, Line 4b:**

RESEARCH Boston Children's is dedicated to enhancing the wellbeing of children and families by leading research and innovation around child health issues, and by seeking new approaches to the prevention, diagnosis and treatment of childhood and adult diseases We have the world's largest pediatric research program-more the 1 million square feet of dedicated research space-for many reasons The most important reason is our focus on our patients We are constantly evolving care, and caring for increasingly complex patients - patients with congenital heart conditions, childhood cancers, complex neurological and neurosurgical conditions, and more Research occurs in every clinical department, and our advancement of basic research helps us to advance the understanding of disease, but also model the diseases we see in pediatrics In FY2019, Boston Children's received a total of \$410M in research funding-federal (NIH, etc ), non-federal direct and indirect We are the 5th largest NIH funding recipient of all hospitals in the U S and received 16%+ more NIH funding secured than any other pediatric hospital Our funding amount has a multiplier effect, serving as a magnet for medical education, research and corporate investments Boston Children's research faculty and trainees in 2019 produced over 3,000 publications Our investigators hold numerous prestigious honors and awards, including many "research firsts " In our laboratories and clinics, hundreds of scientists seek to identify the factors that contribute to both childhood and adult diseases and to develop effective treatments for them Our investigators are Harvard Medical School faculty-basic scientists, clinical researchers and epidemiologists-who are accelerating the pace of medical discovery from brainstorm to bench to bedside Our researchers were the first to develop 10 new disease-based stem cell lines by reprogramming adult stem cells that can be used to study treatments for diseases ranging from Parkinson's to Diabetes Clinicians and researchers at Boston Children's work with colleagues throughout the medical community to translate basic science research into applications for clinical care These projects frequently have applications that go beyond pediatrics to impact adult care as well In FY2019 alone, we disclosed 153 inventions, received 269 patents, executed 54 licensing agreements and 24 sponsored research agreements, and formed six startup companies to help bring our innovations to the patient bedside Our research specialties include - Research-driven discovery science platforms- Established collaborations focused on childhood diseases- World-leading, disease-specific expertise- Therapeutic trials experience- Comprehensive understanding of regulatory landscapes- Top-level genetics and genomics research infrastructure- Deeply phenotyped disease cohorts- World-class informatics

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## **Form 990, Part III, Line 4c:**

Teaching We are proud to be the primary teaching hospital of Harvard Medical School, and our Nursing Department partners with 27 schools of nursing throughout Massachusetts and New England We are home to the largest and most competitive training program in pediatrics, seeding the word with the next generations of scientists, innovators and caregivers We offer more than 70 Training Programs (41 are accredited - more than any other freestanding children's hospital), and host nearly 500 BCH-based residents and clinical fellows annually These men and women are selected for their potential leadership in their respective fields and their commitment to advancing the frontiers of pediatric care In fact, a 24-year analysis of residents who have graduated from our Department of Medicine found that roughly 40% go on to become leaders in academic medicine, filling positions such as deans, chairs and program heads across the country Over a third of the chiefs of pediatric departments across the country trained at Boston Children's Boston Children's has trained approximately 20% of the practicing pediatric cardiology specialists in the U S , and 42 of those trainees have been pediatric cardiology division chiefs We train individuals throughout all areas of the care continuum, including medical students, interns, residents, fellows, nursing students and community pediatricians We provide continuing professional education for all of our clinical staff Our Department of Continuing Medical Education enables clinicians around the world to tap into Boston Children's expertise We were the first pediatric hospital to receive joint accreditation, Our Simulation Program is the first hospital-based simulator program at a teaching hospital in New England Our goal is to make "practice prior to game time" part of healthcare routine, offering a fully integrated quality assurance and improvement resource, preparation and testing environment for hospitals Our groundbreaking programs in simulation technology, 3D printing, advanced genomic testing, and other areas allow us to bring new techniques to medicine that are unique to our institution - many of them specialized for the care of the smallest babies We are the only pediatric hospital to offer certification for physicians in use of robotic equipment, helping surgeons develop and perfect new robotic procedures and surgical techniques We offer the only Pediatric Addiction Medicine program in the U S , as well as the only Orthopedic Sports Medicine program located at a children's hospital We also offer the largest programs in Pediatric Anesthesiology, Pediatric Cardiology, and Pediatric Critical Care, in the nation Boston Children's offers the only programs in New England for The only training programs in New England for Adolescent Medicine, Congenital Cardiac Surgery, and Neurodevelopmental Disabilities, and the only training programs in Massachusetts for Adolescent Medicine, Congenital Cardiac Surgery, Neurodevelopmental Disabilities, Pediatric Cardiology, Pediatric Hematology/Oncology, Pediatric Nephrology, Pediatric Orthopedics, Pediatric Pathology, and Pediatric Surgery

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

(Code )	(Expenses \$	including grants of \$	(Revenue \$
	Community Boston Children's Hospital was among the first academic medical centers in the country to expand the traditional missions of patient care, teaching, and research to embrace a fourth part of its mission-community. Through the years, Boston Children's has strived to ensure that community health is more than just words in its mission statement. The efforts have evolved from targeted services for individual families to innovative models that have proven to reduce health disparities, improve child health outcomes, and promote health equity. Boston Children's community mission is based on the needs of the community. It revolves around keeping children healthy through wellness and prevention efforts, ensuring that children have access to needed health care services, and partnering with others to address the social determinants of health-those issues that have an impact on an individual's health such as exposure to violence, or living in poverty. In all its endeavors, Boston Children's focuses on meeting community needs and implementing programs that are aligned with the priorities of the City of Boston, the Boston Public Health Commission, the Boston Public Schools, as well as other key partners and city agencies. Understanding community needs, Boston Children's conducts a comprehensive community health needs assessment every three years as required by the Internal Revenue Service. The full report from the 2019 assessment can be found at <a href="http://www.childrenshospital.org/about-us/community-mission/community-needs-assessment">http://www.childrenshospital.org/about-us/community-mission/community-needs-assessment</a> . Key themes include how poverty impacts child and community health, access to stable and affordable housing, concerns about food access and insecurity, and the importance of prevention and focus on early childhood issues. Health concerns for families continue to be around asthma, obesity, and mental and behavioral health. The findings inform the direction of Boston Children's Strategic Implementation Plan, which outlines how the hospital will use its resources and partner with others to address those themes and improve community health. This process also ensures that the hospital is utilizing its resources and leveraging community partnerships in the most effective way. The assessment was approved by the Boston Children's Board of Trustees in the Fall of 2019. The 2019 assessment identified the health-related needs, strengths, and resources available to children, youth, families, and residents in Boston-specifically the neighborhoods of Dorchester, Jamaica Plain, Mattapan, Mission Hill, and Roxbury. The assessment also looked at those living in the communities served by Boston Children's locations outside of Boston, which include Lexington, North Dartmouth, Peabody, Waltham, and Weymouth. This assessment also included data from the Boston Collaborative Community Health Needs Assessment, also known as the Boston CHNA-CHIP Collaborative. This assessment included a wide range of Boston stakeholders-community organizations, community development corporations, health centers, hospitals, and the Boston Public Health Commission. It was the first large-scale collaborative city-wide assessment and plan conducted in Boston. While community health assessment and planning work are often conducted by individual organizations, the Boston CHNA-CHIP Collaborative aligns and coordinates resources between multi-sector stakeholders across the city. Boston Children's was a founding member and staff participated in the Steering Committee and work groups. Details about this process and the findings can be found in the full report. A formal and comprehensive needs assessment is only one part of Boston Children's approach to understanding the complex health needs and vital resources within the community. Boston Children's is continually listening and learning from patient families, community leaders, and staff. The staff rely on ongoing conversations with Boston Children's key partners-community health centers and community-based organizations, as well as the Boston Public Health Commission, and the Boston Public Schools. Through the Community Advisory Board, which meets on a quarterly basis, Boston Children's has a direct link to expertise on Boston neighborhoods, community organizations, and current health needs. Members of the Community Advisory Board are instrumental in providing feedback throughout the year and play a key role in the Boston Children's formal assessment process. This feedback from experts, community leaders, and partners as well as the Community Advisory Board informs the hospital's community mission, strengthens the development of partnerships, and helps to shape the implementation of the hospital's Strategic Implementation Plan. Being a community health leader, Boston Children's has identified priority health areas-asthma, obesity, mental and behavioral health, and early childhood development-and has a programmatic response to each. Community programs are focused where Boston Children's has the clinical expertise, resources, and partnerships to make a difference. Boston Children's strategy for improving community health is to: 1) address the most pressing health needs of children and families, 2) provide services through programs that can lead to improvements in health, or 3) build community capacity to better meet the needs of children and families. Some of these programs are described briefly below. - The Community Asthma Initiative (CAI) helped to improve the health of Boston children with asthma. To date, CAI has served more than 2,229 children with asthma. CAI provides case-management services, offers home visits, educates caregivers and providers, distributes asthma control supplies, and connects families to local resources. The program has reduced the percentage of patients with any asthma-related hospitalizations by 82% and emergency department visits by 55%. - Boston Children's Hospital Neighborhood Partnerships Program (BCHNP) is the hospital's community-based behavioral health program. CHNP places clinicians in Boston schools and community health centers to provide a comprehensive array of services to better meet the needs of children and adolescents. Last year, more than 1,409 students received school-based services. The program also provided 1,400 hours of consultation to school staff and families and 53 workshops were held on social, emotional, and behavioral health. - Fitness in the City (FIC) is a community-based approach to addressing obesity by offering prevention and intervention strategies to support children and youth who are overweight or obese, in making healthier choices and behavior changes. FIC supports 11 Boston community health centers to provide almost 1,100 children annually with case-management support, as well as access to nutrition and physical activity programs. Last year, 65% of children participating in FIC have reduced their Body Mass Index. Participants also have made behavioral changes such as reducing consumption of sugar sweetened beverages and increasing the amount of time being physically active. - The Advocating Success for Kids Program (ASK) provides access to intensive and critically needed services for children experiencing school-functioning problems and learning delays through Boston Children's primary care clinic and in two Boston community health centers. Last year, 731 children were cared for by the ASK team. Expanding community commitment, Boston Children's has an opportunity to build on its history of partnering with the community to make a significant impact on the health of children and to address the social determinants that can affect an individual's health such as the environment that surrounds them, their housing conditions and consequences from exposure to violence or living in poverty. Boston Children's will distribute new funds as part of an agreement with the Massachusetts Department of Public Health's Determination of Need/Community Health Initiative program. These funds-Boston Children's Collaboration for Community Health-will be distributed to community organizations in addition to our ongoing commitments and support for programs and partners. The strategy to distribute funds followed a two-year community engagement process to inform how Boston Children's could make a long-lasting impact. That process resulted in identifying several strategic funding areas to address the critical needs of children and families. Boston Children's has released funding in the following strategic areas: Mental Health and Youth Support Systems, Community Trauma Response, Zero to Five Child Health and Development, Family Housing Stability and Economic Opportunity, Community Physical Activity, Recreation and Food Access and through the Children's Health Equity Collaborative. More details on the Collaboration and the funded partners can be found at <a href="http://BostonChildrens.org/funding">BostonChildrens.org/funding</a> .		
	(Code )	(Expenses \$ 7,857,862	including grants of \$ 0 ) (Revenue \$ 0 )
	Community (continued) Addressing social determinants of health. Boston Children's also responds to the social determinants of health by focusing on support and partnerships in three areas: - Education and schools. Boston Children's partners closely with the Boston Public Schools (BPS) to support and strengthen the system as well as to work directly in school settings to reach students and help families overcome barriers that may prevent their children from functioning well in school. FY19, BCHNP's Training and Access Project (TAP) provided support to 20 schools by providing training and consultation in building sustainable systems in schools to support student behavioral health needs. - Workforce Development. Boston Children's recognizes that one of the most significant ways to support the community and help to ensure a diverse workforce is the recruitment and retention of Boston residents as employees. Boston Children's comprehensive workforce development efforts are in partnership with local organizations such as the Fenway Community Development Corporation and Jewish Vocational Services. Boston Children's also supports the pipeline of health care workers by exposing youth to careers in the health field. Programs include SCOOP for students interested in nursing careers and the COACH program, which provides opportunities for high school students to work at the hospital during the summer. - Partnering to support the health and social infrastructure in place for families. Boston Children's is also committed to and directs resources to build capacity within the existing infrastructure of care for Boston children and families. This means supporting key partners-the Boston Public Health Commission and 11 Boston community health centers. Boston Children's also has relationships with a wide array of community organizations, which provide a voice for the families and neighborhoods they represent. Serving as a safety net, Boston Children's remains committed to its local community, providing primary and preventative care, as well as inpatient care for complex illnesses. It is one of the leading providers of health care to low-income children in Massachusetts and it provides care unavailable elsewhere in the state and sometimes the nation. Boston Children's also is a safety net provider for Boston children. This safety net is financial in that the hospital provides free care, subsidizes care for Medicaid patients, and incurs bad debt for patient families who cannot pay for the care they receive. It is programmatic in that Boston Children's offers vital, hospital-subsidized services that are either unavailable elsewhere or available only in a limited capacity, such as mental health and dental care. Advocating for children and families. As the only freestanding children's hospital in Massachusetts, influencing public policy to improve child health is an important aspect of Boston Children's commitment to community health. The hospital is a leading provider of pediatric medical and behavioral health services to low-income children across the Commonwealth and is a critical component of the safety net for children throughout New England and the nation. Boston Children's has been an organized force and an influential advocate for health and wellbeing of children for more than 20 years. Boston Children's is an effective advocate on legislative and regulatory matters in Massachusetts and throughout the nation that affect children's wellbeing, such as increasing access to quality pediatric mental health programs, promoting better treatment and access to services for children with medical complexity and chronic conditions, improving the landscape for pediatric medical research and advancing innovative public health policies. Boston Children's advocacy history is rooted in the promotion of better insurance coverage for children, including major child health expansions in the 1990s, the passage of Massachusetts's 2006 health reform law) and significant national involvement in work to promote child health access through the Children's Health Insurance Program, Medicaid, and the Affordable Care Act. As a result, Massachusetts has achieved near universal health access for children, with less than 1 percent of children uninsured-the lowest rate in the country. In recent years, Massachusetts has emphasized payment reform and cost containment policies within the health care system. Boston Children's played an active and vocal role in the development of the groundbreaking statewide payment reform legislation that was signed into law in August 2012. Nationally, Boston Children's is engaged in efforts to preserve and improve Medicaid and the Children's Health Insurance Program, which serve as a safety net for children in all fifty states, ensuring their access to high-quality, effective coverage and facilitates important quality measurement and improvement initiatives. In 2006, Boston Children's (including its Boston Children's Hospital Neighborhood Partnerships Program - for details see above) and a coalition of community organizations launched the Children's Mental Health Campaign (CMHC). The CMHC has converted its credibility and influence into several major policy accomplishments which have redefined the landscape of the children's mental health system in Massachusetts. In 2008, the CMHC was instrumental in securing passage of two landmark state laws. An Act Relative to Children's Mental Health (Chapter 321) creates a structure for enhancing early identification, treating children in the most appropriate settings, enhancing coordination among state health care agencies, and establishing mechanisms for oversight of and input into the state children's mental health system. Chapter 256 strengthened the state's mental health parity law by expanding the categories of disorders for which health insurance plans must provide mental health benefits. The CMHC is determined to hold key stakeholders accountable for implementing the new laws secured through its advocacy efforts. Since that time, the CMHC has had several legislative and budget successes that have increased access to appropriate care for children and adolescents with mental health disorders and their families. A significant success during this year was the inclusion in the Substance Use, Treatment, Education, and Prevention Act of a requirement for schools to screen all youth for substance use at two different grade points during their middle to high school careers. Current efforts at the state level address: access to behavioral health services, diversion from juvenile justice programs, improving mental health in schools, and adolescent substance use prevention. In addition, the CMHC is working to address mental health parity compliance (legislative and regulatory). Additionally, Boston Children's works in collaboration with a host of public health and prevention advocates to ensure public policies work to keep children safe and healthy. This year, Boston Children's is working to ensure the protection of children and adolescents under the state's new legalized marijuana laws by advocating for appropriate child safety packaging regulation and funding for the Poison Control Center and adolescent substance prevention efforts. The hospital also lends expertise in the effort to raise the minimum purchase age for tobacco products to 21, create a tiered tax on sugar sweetened beverages, and improve child passenger safety legislation. Boston Children's has established the over 5,000 member Children's Advocacy Network (CAN), a grassroots advocacy network that leverages the many voices of families, hospital staff, and community partners in support of child health. Since 2006, the hospital has trained hundreds of advocates through an in-depth training series that gives advocates a better understanding of the legislative process and the skills needed for effective advocacy. The CAN hosts monthly educational sessions, which offer hospital staff and community partners a monthly opportunity to learn about a current topic related to children's health policy and explore ways to advocate for children at the federal and state levels. Staff members from departments throughout the hospital regularly engage with the CAN to receive information about policy changes that may impact their patient population or schedule in-service presentations about current events in Washington and at the state level.		



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Douglas Berthiaume ..... Director - Chairman	5 00 .....	X						0	0	0
Allan Bufferd ..... Director	1 00 .....	X						0	0	0
Winston Henderson ..... Director	1 00 .....	X						0	0	0
Stephen Karp ..... Director	1 00 .....	X						0	0	0
Steven Krichmar ..... Director	1 00 .....	X						0	0	0
Robert Langer ..... Director	1 00 .....	X						0	0	0
Harvey Lodish PhD ..... Director	1 00 .....	X						0	0	0
Gary Loveman ..... Director	1 00 .....	X						0	0	0
Ralph C Martin ..... Director	1 00 .....	X						0	0	0
Thomas Melendez ..... Director	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kathleen Regan ..... Director	1 00 .....	X						0	0	0
Robert A Smith ..... Director - Vice Chair	1 00 ..... 2 00 .....	X						0	0	0
Alison Taunton-RigbyPhD ..... Director	1 00 ..... 1 00 .....	X						0	0	0
Marc B Wolpov ..... Director	1 00 ..... 1 00 .....	X						0	0	0
Sandra Fenwick ..... CEO, Noncomp Director	55 00 ..... 6 00 .....	X		X				2,606,425	0	77,051
Kevin Churchwell MD ..... President & COO/Noncomp Director	55 00 ..... 5 00 .....	X		X				1,543,129	0	75,817
Doug Vanderslice ..... EVP, Treasurer & CFO	55 00 ..... 7 00 .....			X				1,513,352	0	55,817
Bruce Balter ..... Asst Treasurer/Dir Corp Finance	55 00 ..... 5 00 .....			X				267,629	0	50,653
Michele Garvin Esq ..... General Counsel & Secretary	55 00 ..... 6 00 .....			X				909,793	0	47,262
Dionne Mottley ..... Asst Sec/Exec Asst	55 00 ..... 5 00 .....			X				60,077	0	7,456

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Laura J Wood DNP MS RN ..... CNO/Noncomp Director	55 00 ..... 5 00				X			619,506	0	46,840
Demosthenes Argys ..... SVP, & Chief Administrative Officer	55 00 ..... 5 00				X			687,652	0	44,700
August Cervini ..... VP, Research Administration	55 00 ..... 5 00				X			400,518	0	42,029
Michael Gillespie ..... VP, Clinical Services	55 00 ..... 5 00				X			492,436	0	36,069
Cynthia Haines ..... SVP, International Services	55 00 ..... 5 00				X			627,094	0	48,357
Patricia Hickey PhD MBA RN NEA-BC ..... VP, Cardiovascular Services	55 00 ..... 5 00				X			394,938	0	39,897
Lisa Hogarty ..... SVP, RE Planning and Development	55 00 ..... 5 00				X			600,433	0	48,268
Daniel Nigrin MD ..... SVP & Chief Information Officer	55 00 ..... 5 00				X			640,764	0	40,877
Philip Rotner ..... Chief Investment Officer	55 00 ..... 5 00				X			1,430,107	0	62,807
Wendy Warring ..... SVP, Network Development	55 00 ..... 5 00				X			678,867	0	45,057

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nader Rifai PhD ..... Director, Chemistry	55 00 ..... 0 00					X		684,753	0	42,902
Lynn Susman ..... President, Children's Hospital Trust	55 00 ..... 0 00					X		631,673	0	58,082
Reginald Stover ..... VP, Human Resources	55 00 ..... 0 00					X		621,874	0	22,751
Martin Kelly ..... Director, Investments	55 00 ..... 0 00					X		641,298	0	39,714
Alison Svizzero ..... Director, Investments	55 00 ..... 0 00					X		583,880	0	20,858
James Mandell MD ..... Former CEO	0 00 .....						X	674,930	0	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Children's Hospital Corporation

Employer identification number  
04-2774441

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10

☐

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

11

☐

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

12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

**Part II**

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	307,902,601	342,539,011	444,270,077	417,494,538	415,137,440	1,927,343,667
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	<b>Total.</b> Add lines 1 through 3	307,902,601	342,539,011	444,270,077	417,494,538	415,137,440	1,927,343,667
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)						35,557,274
6	<b>Public support.</b> Subtract line 5 from line 4						1,891,786,393

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	307,902,601	342,539,011	444,270,077	417,494,538	415,137,440	1,927,343,667
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,931,142	24,495,716	25,976,961	31,911,194	31,356,204	146,671,217
9	Net income from unrelated business activities, whether or not the business is regularly carried on	264,130	-270,120	-4,277,019	-2,548,588	-5,469,037	-12,300,634
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	28,227,656	27,213,103	30,424,665	26,920,013	44,809,991	157,595,428
11	<b>Total support.</b> Add lines 7 through 10						2,219,309,678
12	Gross receipts from related activities, etc (see instructions)					12	6,738,295,650

**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	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	85 240 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	84 570 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input checked="" type="checkbox"/></span>		
b	33 1/3% support test—2017. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
17a	10%-facts-and-circumstances test—2018. 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
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 <span>▶ <input type="checkbox"/></span>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> 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						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	



Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	Other General Services Parking Revenue Cafeteria Revenue

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of the organization Children's Hospital Corporation	<b>Employer identification number</b> 04-2774441
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		158,793
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes		120,000
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		532,451
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			811,244
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1	Children's Hospital is a section 501(c)(3) organization whose mission is fourfold - to provide the best possible pediatric health care, combining compassion with advanced technical capabilities, to be the leading source of research and discovery, seeking new approaches to the prevention, diagnosis, and treatment of childhood diseases, to educate the next generation of leadership in child health care, and to provide education and healthcare services to the community. In fulfillment of the above mission, the Hospital advocates on behalf of children and the providers who care for them at the State and Federal levels. Professional staff in the Hospital's Office of Government Relations direct these activities and coordinate the work of other Hospital staff who support the advocacy efforts on an intermittent basis. The Hospital has also sent correspondence to and met directly with Federal, State and local legislators and officials. The Hospital has also utilized a grassroots network of employees and friends to advocate on behalf of children's health issues. In Fiscal Year 2019, four Office of Government Relations staff members registered with the State as lobbyists for some or all of the fiscal year, dedicating a portion of their time to lobbying activities. In accordance with state lobbying laws, the Hospital also registered its CEO as a lobbyist, although her involvement in these efforts was minimal. Three Office of Government Relations staff members registered as lobbyists at the Federal level. The Hospital utilized the services of two outside consultants in Fiscal Year 2019 in either the Massachusetts General Court or the U.S. Congress. These consultants, on behalf of the Hospital, prepared written materials which are distributed to officials and met with elected and appointed officials. The following is a detailed list of lobbying expenses incurred: Josh Greenberg Registered Lobbyist Children's Hospital personnel \$196,875 - Amy DeLong Registered Lobbyist Children's Hospital personnel \$56,946 - Sandra Fenwick Registered Lobbyist Children's Hospital personnel \$8,377 - Kathryn Audette Children's Hospital personnel \$66,043 - Katherine Ginnis Children's Hospital personnel \$21,203 - Jamie Gaynes Children's Hospital personnel \$75,338 - Joe Grant Consultant Grant Associates 130 Bowdoin Street - Suite 1706, Boston, MA 02108 \$40,000 - Nick Manetto Consultant Faegre BD 1050 K Street NW, Suite 400, Washington, DC 20001 \$67,669 Total Lobbyist/Consultant Expenses = \$532,451 Expenses Incurred by the Office of Government Relations for Lobbying Activities = \$158,793 Grant to National Association of Children's Hospitals for graduate medical education related lobbying - \$120,000 TOTAL LOBBYING EXPENSES = \$811,244 In addition to Children's Hospital Corporation's direct and listed lobbying expenses, Children's Hospital Corporation pays dues to certain membership organizations, a piece of which may be used by such organizations for lobbying activities on behalf of this institution and other similarly situated organizations. Total direct and indirect lobbying expenditures were minimal and not substantial based on revenues.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Children's Hospital Corporation

Employer identification number  
04-2774441

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$



Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,162,157,000	1,134,782,000	1,007,240,000	939,779,000	976,027,000
b Contributions	21,654,000	-461,000	11,924,000	33,474,000	26,449,000
c Net investment earnings, gains, and losses	7,419,000	32,789,000	152,501,000	77,339,000	-22,205,000
d Grants or scholarships					
e Other expenditures for facilities and programs	19,871,000	4,953,000	36,883,000	43,352,000	40,492,000
f Administrative expenses					
g End of year balance	1,171,359,000	1,162,157,000	1,134,782,000	1,007,240,000	939,779,000

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

57 210 %

b

Permanent endowment

20 330 %

c

Temporarily restricted endowment

22 460 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,619,348		12,619,348
b Buildings		1,943,188,590	1,146,409,357	796,779,233
c Leasehold improvements				
d Equipment		860,339,232	733,903,403	126,435,829
e Other		437,049,248	5,980,922	431,068,326
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,366,902,736

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
See Additional Data Table (A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	▶ 1,124,465,251	

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	▶	

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Interest in the Net Assets of Children's Medical Center	2,829,792,591
(2) Expected Insur Recoveries for Prof Liability Claims	43,804,270
(3) Investment in Subsidiaries	36,805,883
(4) CERNER Asset	14,689,273
(5) Other Assets - Miscellaneous	18,265,325
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	▶ 2,943,357,342

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 444,575,379

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 04-2774441  
**Name:** Children's Hospital Corporation

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) 3rd Pty External Administered Trusts	50,447,805	F
(A) Abrams Capital	28,674,352	F
(B) AKO European Long-Only Fund	23,474,245	F
(C) Bain Cap Distr & Special Situations	4,409,375	F
(D) Bain Capital Fund IX	746,396	F
(E) Bain Capital Fund X	1,278,654	F
(F) Bain Capital Venture Fund 2012	1,719,910	F
(G) Bain Capital Venture Fund 2014	5,347,763	F
(H) Baupost	67,533,548	F
(I) Brookside Capital	74,256	F

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

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(K) Commure, Inc	407,999	F
(A) Convexity	24,194	F
(B) Costanoa Ventures III, LP	1,621,710	F
(C) Costanoa Ventures Opportunity Fund, L P	1,348,707	F
(D) Crosslink Crossover Fund VI	2,683,039	F
(E) Crosslink Crossover Fund VII	4,907,382	F
(F) Crosslink Ventures VIII-B, L P	1,854,220	F
(G) Davidson Kempner	66,219,821	F
(H) Deccan Value	25,938,211	F
(I) Deerfield Partners, LP	16,267,007	F

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

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(U) Deerfield Private Design Fund IV	3,944,672	F
(A) Deerfield Special Situations Fund	2,761,912	F
(B) Deerfield Healthcare Innov Fund II	541,675	F
(C) Dune Real Estate Fund III	4,347,469	F
(D) ECM Feeder Fund I	22,648,698	F
(E) Energy Capital Partners II	1,073,255	F
(F) Energy Capital Partners III	5,748,571	F
(G) Fidelity Notes Payable	2,549,657	F
(H) Fine Points Capital II	28,040,069	F
(I) Flare Capital Partners I	3,213,319	F

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

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(AE) Flare Capital Partners II	54,491	F
(A) Gaoling Feeder, Ltd	17,450,953	F
(B) Golden Gate Capital	19,622,157	F
(C) Highfields Capital	2,121,811	F
(D) Hillhouse Fund III	3,914,270	F
(E) Hillhouse Fund IV, L P	290,918	F
(F) Himalaya Capital Investors, L P	24,753,249	F
(G) HMI Capital Partners	34,983,713	F
(H) Holdco Opp Fund II	731,041	F
(I) Holdco Opp Fund III	99,058	F



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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(AO) ICHIGO Japan Fund B	17,764,450	F
(A) Insignia Ventures Partners Fund I L P	2,594,282	F
(B) JMC Capital I-B	5,424,807	F
(C) JMC Platform Fund II-B	5,135,026	F
(D) JVL Energy	4,565,647	F
(E) King Street	63,789,251	F
(F) Lone Star Fund IX	2,533,964	F
(G) Lone Star Fund VIII	1,527,469	F
(H) Madison Avenue Offshore Ltd	8,500,493	F
(I) Matrix China II	7,775,655	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(AY) Matrix China III	8,895,786	F
(A) Matrix China IV	6,171,101	F
(B) Matrix India II	4,936,171	F
(C) Matrix Partners China V, L P	3,479,460	F
(D) Matrix Partners India III, LLC	881,859	F
(E) Matrix Partners X	2,655,657	F
(F) Matrix Partners XI, L P	547,682	F
(G) Maveron Equity Partners VI	3,382,992	F
(H) MIT Private Equity Fund	12,412,411	F
(I) Morpic Holding, LLC	171,710	F

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

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(BI) Nalanda	22,900,504	F
(A) Park West Investors Ltd	35,005,631	F
(B) Riverstone	1,272,737	F
(C) Rivulet Capital Offshore Fund, Ltd	34,515,957	F
(D) Roundshield III, LP	2,457,974	F
(E) Sankaty Credit Opport Fund IV	718,629	F
(F) Sequoia Capital China Growth Fund V, L P	2,638,287	F
(G) Sequoia Capital China Seed Fund I, L P	258,329	F
(H) Sequoia Capital China Venture Fund VII, L P	883,200	F
(I) Sequoia Capital Global Equities	18,122,593	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(BS) Sequoia Capital Global Growth Fund II	10,345,911	F
(A) Sequoia Capital Global Growth Fund III	994,614	F
(B) Sequoia Capital India IV	8,001,504	F
(C) Sequoia Capital India V	4,385,954	F
(D) Sequoia Capital India VI	1,629,517	F
(E) Sequoia Capital India Seed Fund I Ltd	161,568	F
(F) Sequoia Capital U S Venture Fund XVI, L P	296,159	F
(G) Sequoia China Growth III	9,420,920	F
(H) Sequoia China Growth IV	5,806,714	F
(I) Sequoia China Venture Fund IV	1,179,411	F

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

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(CC) Sequoia China Venture Fund V	1,597,597	F
(A) Sequoia China Venture Fund VI	1,354,933	F
(B) Sequoia US GrowFund VII	5,152,880	F
(C) Sequoia US Growth Fund VIII	1,918,865	F
(D) Sequoia US Venture Fund XIV	3,823,320	F
(E) Sequoia US Venture Fund XV	1,285,024	F
(F) SequoiaUSGrowFund V	1,383,188	F
(G) SequoiaUSGrowFund VI	2,960,264	F
(H) Somerset	17,567,727	F
(I) SPUR Ventures II	6,417,736	F

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

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(CM) Steadfast	23,691,647	F
(A) Sunridge Agribusiness Opp I, LP	1,480,429	F
(B) Taris Biomedical	4,590	F
(C) Tenfore Holdings Fund II, L P	3,206,257	F
(D) Tourmaline Capital Fund II LP	122,424	F
(E) Underscore VC Fund I, LP	2,624,963	F
(F) Underscore VC Fund II, L P	818,784	F
(G) Union Park Capital II L P	1,958,837	F
(H) Wellington - Energy	7,390,039	F
(I) Wellington EM Opportunities	34,415,384	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(CW) Wellington Ultra Short Duration	159,605,707	F
(A) Westbrook IX	1,536,120	F
(B) Westbrook X	2,880,480	F
(C) Whale Rock Flagship Fund, LTD	15,136,039	F
(D) Blacksheep Fund	8,740,176	F
(E) Incentive Active Value Long Only Fund	9,380,303	F

**Form 990, Schedule D, Part X, - Other Liabilities**

<b>1</b>	<b>(a)</b> Description of Liability	<b>(b)</b> Book Value
	Estimated Final Settlement Due to Third Party Payors & Deferred Revenue	29,499,366
	Estimated Insured Professional Liability Losses	43,804,270
	Salary & Other Benefits	897,268
	Funds Held for Others	32,832,917
	Reserve for Medical Malpractice	4,547,858
	Other Liabilities - Miscellaneous	10,330,502
	Lease Obligations	26,364,338
	Interest Rate Swap Liability	161,652,686
	Accrued Pension Cost	119,537,473
	Cerner Contra Asset	15,108,701



Supplemental Information	
Return Reference	Explanation
Part V, Line 4	The Children's Hospital's investment and spending policies for endowment assets are intended to provide a predictable stream of funding to support Children's Hospital's missions in pediatric patient care, education, research, and community programs

Supplemental Information	
Return Reference	Explanation
Part X, Line 2	There is no FIN48/ASC740 footnote in the organization's audited financial statements

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Corporation

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

04-2774441

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	0			1,328,923
<b>b</b> Total from continuation sheets to Part I					475,280,923
<b>c Totals</b> (add lines 3a and 3b)	0	0			476,609,846

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☒ Yes ☐ No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part I, Line 2	<p>Children's Hospital's employees may travel outside the United States to support its missions in pediatric patient care, education, research, and community services. Business travel, on behalf of Children's Hospital, must follow the Hospital's Travel Policy. The traveler must submit a request for reimbursement, and provide itemized receipts as supporting documentation. Reimbursement approval is the responsibility of the Manager of the Department/Director/VP in which that activity is budgeted and expensed. In addition, the Department Manager/Principal Investigator/Director/VP is responsible for:</p> <ul style="list-style-type: none"><li>- Ensuring that the travel policy and procedures are clearly communicated to all authorized travelers.</li><li>- Ensuring compliance with all BCH travel policy and procedures, and applicable sponsor guidelines in the case of grant-sponsored activities, including timeliness and proper documentation requirements.</li><li>- Maintaining supporting documentation of travel activity and expenses for proper record keeping and auditing purposes.</li><li>- Assuring that proper authorizations are documented with the understanding that unauthorized expenses and/or personal expenses will not be reimbursed to the traveler.</li></ul> <p>In general, the ordinary and necessary expenses incurred while traveling on hospital business are reimbursable upon submission and authorization of a completed reimbursement request with receipts as supporting documentation. Reimbursable expenses include transportation, hotel/lodging, meals and other reasonable expenses incidental to travel. Personal expenses are not reimbursable.</p>

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part I, line 3	Expenditures are accounted for and reported on an accrual basis



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2774441

**Name:** Children's Hospital Corporation

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America & the Caribbean	0	0	Program Services	Patient Care, Research & Education	49,653
East Asia & The Pacific	0	0	Program Services	Patient Care, Research & Education	225,203

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Patient Care, Research & Education	403,728
Middle East and North Africa -	0	0	Program Services	Patient Care, Research & Education	82,598

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Program Services	Patient Care, Research & Education	142,135
South America	0	0	Program Services	Patient Care, Research & Education	76,974

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Program Services	Patient Care, Research & Education	155,364
Sub-Saharan Africa	0	0	Program Services	Patient Care, Research & Education	193,268

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America & the Caribbean	0	0	Investment		419,705,269
Sub-Saharan Africa	0	0	Investment		42,897,076

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Investment		12,678,578

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SCHEDULE G (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	Supplemental Information Regarding Fundraising or Gaming Activities  Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information				OMB No 1545-0047																																																																																						
					2018																																																																																						
					Open to Public Inspection																																																																																						
Name of the organization Children's Hospital Corporation				Employer identification number 04-2774441																																																																																							
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.																																																																																											
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.																																																																																											
a <input checked="" type="checkbox"/> Mail solicitations		e <input checked="" type="checkbox"/> Solicitation of non-government grants																																																																																									
b <input checked="" type="checkbox"/> Internet and email solicitations		f <input checked="" type="checkbox"/> Solicitation of government grants																																																																																									
c <input checked="" type="checkbox"/> Phone solicitations		g <input checked="" type="checkbox"/> Special fundraising events																																																																																									
d <input checked="" type="checkbox"/> In-person solicitations																																																																																											
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.																																																																																											
<table><tr><th rowspan="2">(i) Name and address of individual or entity (fundraiser)</th><th rowspan="2">(ii) Activity</th><th colspan="2">(iii) Did fundraiser have custody or control of contributions?</th><th rowspan="2">(iv) Gross receipts from activity</th><th rowspan="2">(v) Amount paid to (or retained by) fundraiser listed in col (i)</th><th rowspan="2">(vi) Amount paid to (or retained by) organization</th></tr><tr><th>Yes</th><th>No</th></tr><tr><td>Chapman Cubine Adams &amp; Hussey 2000 15th Street North  Arlington, VA 22201</td><td>Direct Mail Counsel</td><td></td><td>No</td><td>897,942</td><td>501,974</td><td>395,968</td></tr><tr><td>Charity Dynamics LLC 4031 Guadalupe Street  Austin, TX 78751</td><td>Online Counsel</td><td></td><td>No</td><td>648,126</td><td>468,638</td><td>179,489</td></tr><tr><td>Sarah Gardner 13 Smokey Hill Rd  Wayland, MA 01778</td><td>Fundraising Counsel</td><td></td><td>No</td><td>580,900</td><td>81,250</td><td>499,650</td></tr><tr><td>Bentz Whaley Flessner 7251 Ohms Lane  Minneapolis, MN 55439</td><td>Counsel/Reports</td><td></td><td>No</td><td>0</td><td>106,026</td><td>-106,026</td></tr><tr><td>Connelly Partners LLC 46 Waltham Street  Boston, MA 02118</td><td>Fundraising Counsel</td><td></td><td>No</td><td>0</td><td>80,456</td><td>-80,456</td></tr><tr><td>Advizor Solutions Inc 1333 Butterfield Road Suite 400  Downers Grove, IL 60515</td><td>Fundraising Counsel</td><td></td><td>No</td><td>0</td><td>7,214</td><td>-7,214</td></tr><tr><td>The Pursuant Group Inc 15660 Dallas Pkwy STE 1000  Dallas, TX 75248</td><td>Fundraising Counsel</td><td></td><td>No</td><td>0</td><td>12,000</td><td>-12,000</td></tr><tr><td>CKathryn W Miree &amp; Associates 2205 16th Ave S Unit A  Birmingham, AL 35205</td><td>Fundraising Counsel</td><td></td><td>No</td><td>0</td><td>5,262</td><td>-5,262</td></tr><tr><td>Copper Reef Enterprises 6965 El Camino Real  Carlsbad, CA 92009</td><td>Fundraising Counsel</td><td></td><td>No</td><td>0</td><td>88,110</td><td>-88,110</td></tr><tr><td>Market Street Research Inc 9 1/2 Market Street  Northampton, MA 01060</td><td>Fundraising Counsel</td><td></td><td>No</td><td>0</td><td>27,143</td><td>-27,143</td></tr><tr><td colspan="4">Total ▶</td><td>2,126,968</td><td>1,378,073</td><td>748,896</td></tr></table>						(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	Yes	No	Chapman Cubine Adams & Hussey 2000 15th Street North  Arlington, VA 22201	Direct Mail Counsel		No	897,942	501,974	395,968	Charity Dynamics LLC 4031 Guadalupe Street  Austin, TX 78751	Online Counsel		No	648,126	468,638	179,489	Sarah Gardner 13 Smokey Hill Rd  Wayland, MA 01778	Fundraising Counsel		No	580,900	81,250	499,650	Bentz Whaley Flessner 7251 Ohms Lane  Minneapolis, MN 55439	Counsel/Reports		No	0	106,026	-106,026	Connelly Partners LLC 46 Waltham Street  Boston, MA 02118	Fundraising Counsel		No	0	80,456	-80,456	Advizor Solutions Inc 1333 Butterfield Road Suite 400  Downers Grove, IL 60515	Fundraising Counsel		No	0	7,214	-7,214	The Pursuant Group Inc 15660 Dallas Pkwy STE 1000  Dallas, TX 75248	Fundraising Counsel		No	0	12,000	-12,000	CKathryn W Miree & Associates 2205 16th Ave S Unit A  Birmingham, AL 35205	Fundraising Counsel		No	0	5,262	-5,262	Copper Reef Enterprises 6965 El Camino Real  Carlsbad, CA 92009	Fundraising Counsel		No	0	88,110	-88,110	Market Street Research Inc 9 1/2 Market Street  Northampton, MA 01060	Fundraising Counsel		No	0	27,143	-27,143	Total ▶				2,126,968	1,378,073	748,896
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)			(vi) Amount paid to (or retained by) organization																																																																																			
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Total ▶				2,126,968	1,378,073	748,896																																																																																					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.  CT, RI, NH, VT, ME, FL, NY, NJ, NV, MA																																																																																											
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2018																																																																																											

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>Dinner/Auction</u> (event type)	<u>Investment Conference</u> (event type)	<u>4</u> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	2,946,101	1,203,500	1,955,255	6,104,856
	<b>2</b> Less Contributions . . . . .	2,108,386	895,375	1,215,275	4,219,036
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	837,715	308,125	739,980	1,885,820
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	
	<b>5</b> Noncash prizes . . . . .	0	0	0	
	<b>6</b> Rent/facility costs . . . . .	0	45,000	41,500	86,500
	<b>7</b> Food and beverages . . . . .	277,426	99,474	174,392	551,292
	<b>8</b> Entertainment . . . . .	0	0	13,290	13,290
	<b>9</b> Other direct expenses . . . . .	687,252	134,493	504,549	1,326,294
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				1,977,376
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				-91,556

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
Direct Expenses	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ►				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_



<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
<b>13</b> Indicate the percentage of gaming activity conducted in							
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>13a</b></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">%</td> </tr> <tr> <td><b>13b</b></td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	<b>13a</b>		%	<b>13b</b>		%
<b>13a</b>		%					
<b>13b</b>		%					
<b>b</b> An outside facility							

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► Doug Vanderslice CFO Treasurer

Address ► 300 Longwood Avenue  
Boston, MA 02115

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes**   ☐ **No**

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes**   ☐ **No**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493227000100

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the TreasuryInternal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Employer identification number  
04-2774441

Name of the organization  
Children's Hospital Corporation

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			31,096,136	19,664,813	11,431,323	0 610 %
b Medicaid (from Worksheet 3, column a)			397,744,105	263,471,642	134,272,463	7 160 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			428,840,241	283,136,455	145,703,786	7 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,131,908	236,673	5,895,235	0 310 %
f Health professions education (from Worksheet 5)			42,726,096	6,797,851	35,928,245	1 920 %
g Subsidized health services (from Worksheet 6)			29,418,270	26,159,216	3,259,054	0 170 %
h Research (from Worksheet 7)			423,047,752	403,786,293	19,261,459	1 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,725,954		1,725,954	0 090 %
j Total. Other Benefits			503,049,980	436,980,033	66,069,947	3 520 %
k Total. Add lines 7d and 7j			931,890,221	720,116,488	211,773,733	11 290 %

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

Cat No 50192T

Schedule H (Form 990) 2018

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support	15		1,568,573		1,568,573	0.080 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy	10		791,186		791,186	0.040 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>	25		2,359,759		2,359,759	0.120 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	34,188,976	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>	0	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	12,306,065
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	10,429,554
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	1,876,511
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> 1 None				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Boston Children's Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.childrenshospital.org</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>childrenshospital.org/about-us/community-mission/community-needs-assessment</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Boston Children's Hospital			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) www childrenshospital org/financialassistance		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www childrenshospital org/financialassistance		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) www childrenshospital org/financialassistance		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

Boston Children's Hospital

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Boston Children's Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
<b>1</b> 1 - Boston Children's at Waltham 9 Hope Ave Waltham, MA 02453	Outpatient Satellite Facility
<b>2</b> 2 - Boston Children's at Lexington 482 Bedford Street Lexington, MA 02173	Outpatient Satellite Facility
<b>3</b> 3 - Martha Eliot Health Center 75 Bickford Street Boston, MA 02130	Outpatient Community Health Center
<b>4</b> 4 - Boston Children's at Peabody 1 Essex Center Drive Peabody, MA 01960	Outpatient Satellite Facility
<b>5</b> 5 - Boston Children's at North Dartmouth 500 Faunce Corner Road North Dartmouth, MA 02747	Outpatient Satellite Facility
<b>6</b> 6 - Boston Children's at 333 Longwood Ave 333 Longwood Avenue Boston, MA 02115	Outpatient Pediatric Clinic
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 3c	Children's, based on its participation in the state of Massachusetts Health Safety Net, utilizes Federal Poverty Guidelines for determining eligibility for free care and discounted care to low income individuals For purposes of discounted care, Children's offers discounts to individuals, regardless of income, who are uninsured and are ineligible for free care or other public programs
Part I, Line 6a	Children's files an annual community benefits report with the Attorney General's Office (AG) in Massachusetts There are significant differences between the AG and IRS requirements for reporting community benefits expenditures The IRS counts the following as community benefits while the AG does not Medicaid shortfalls, indirect costs, health professions education, and research funded by tax-exempt and government sources Children's AG Report is publicly available and can be accessed directly on the AG's web site, <a href="http://www.mass.gov/AG">www.mass.gov/AG</a> and Children's web site, <a href="http://www.childrenshospital.org">www.childrenshospital.org</a>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7	<p>Children's used an internal cost accounting system for purposes of reporting certain amounts on Part I, line 7. The system is designed to address all segments of patient care (inpatient, outpatient and emergency) and assigns costs to patients from all payer sources (Medicaid, Medicare, managed care, commercial, uninsured and self-pay). The cost of charity care was determined based on the overall relationship of hospital costs as a percentage of hospital charges, applied to charges that qualified as charity care. Children's provides charity care to all children in need who meet the hospital's charity care standards, which are in alignment with all state mandated regulations. Nearly 30% of children who receive their care at Children's are insured through Medicaid programs in a number of states including Massachusetts. In aggregate, Medicaid programs do not reimburse the hospital for the total costs of providing care to these children. Children's has a strong commitment to improving the health status of the children in our local community. Based on a tri-annual community needs assessment, Children's supports a variety of programs and partners both internal and external that are addressing the needs of Boston children. Children's has also identified four major health focus areas in which it concentrates its efforts. For children in Boston, asthma, mental health, obesity and child development are major concerns. Children's has community based programs in each of these issue areas. The hospital also has an Office of Child Advocacy that provides support to these programs. Children's is a leader in education and training for healthcare professionals. Children's subsidizes services that are either limited or unavailable in the broader community. Examples include psychiatry, primary care, and dental care. Children's is home to the world's largest and most active research enterprise at a pediatric center. Recognizing that Children's does not have the capacity to meet all the needs of the children of Boston, it supports (through financial contributions and in kind services) a large number of community based organizations who are providing these important services. Beneficiaries range from full service community health centers to Head Start programs for pre-school children. For more information, visit <a href="http://www.childrenshospital.org/community">www.childrenshospital.org/community</a>.</p>
Part I, Line 7g	Children's does not subsidize physician services, thus there are none reported in the dollar amount for subsidized health services.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	The total bad debt expense of \$34,188,976 is included in Form 990, Part IX, line 25 column (A), but subtracted for purposes of calculating the percentage in this column
Part II, Community Building Activities	<p>In FY19, Children's reported two types of community building activities \$1,568,573 for 15 community support programs and \$791,186 for community health improvement advocacy Children's community building activities are designed specifically to address health disparities and improve the health of children, families and communities According to public health literature (see Ambulatory Pediatrics and Health Affairs), initiatives that address disparities for children across four different levels the individual, systemic, community and society can lead to meaningful improvements in health As described in Form 990, Part III Program Service Accomplishments, Children's takes a multi-pronged approach to tackle the most pressing health issues facing Boston children At the same time, Children's addresses non-health or social determinants of health issues such as violence, workforce development and education, which also impact a child's health Therefore, Children's directs its community building activities in the following areas</p> <ul style="list-style-type: none"><li>- Children's public policy advocacy efforts help to improve access to health care for all individuals and ensure high-quality pediatric services</li><li>- As a major employer in Massachusetts and civic leader in Boston, Children's supports efforts to ensure a diverse and culturally competent health care workforce as well as promotes economic health in the surrounding communities</li><li>- To improve life in local neighborhoods, Children's has targeted support towards community based organizations that do not focus specifically on health, but rather on the vibrancy of the community Contributions to groups such as the Fenway Community Development Corporation and Sociedad Latina are as important as partnerships with community health centers</li></ul> <p>For more information, visit <a href="http://www.childrenshospital.org/about-us/community-mission">http //www childrenshospital org/about-us/community-mission</a></p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	Bad debt expense reflects patient charges that have been deemed uncollectible, converted to cost based on the ratio of patient care cost to charges from Worksheet 2
Part III, Line 3	There is not any amount of bad debt reflected as charity care, because it can't be quantified accurately at this time. However, some bad debts would be charity care.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 4	<p>Children's Medical Center and Subsidiaries' Audited Financial Statements contain the following bad debt footnote "As a result of the adoption of ASU 2014-09, beginning on October 1, 2018, the provision for uncollectible accounts is considered an implicit price concession and is a direct reduction to net patient services revenue and is no longer presented separately on the consolidated statements of operations Prior to the adoption of ASU 2014-09, the Medical Center and its subsidiaries record a provision for uncollectible accounts related primarily to uninsured accounts and copayment and deductible amounts to record the net self-pay accounts receivable at the estimated amounts expected to be collected The provision for uncollectible accounts was based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Accounts receivable were reduced by an allowance for uncollectible accounts Periodically throughout the year, management assessed the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance Following the adoption of ASU 2014-09, such uncollectible patient activity no longer meets the criteria for revenue recognition and is now classified as an implicit price concession Additionally, the provision for uncollectible amounts, when applicable, will now be presented as an expense item rather than a reduction to net patient services revenue After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Medical Center follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Medical Center Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies "</p>
Part III, Line 8	<p>Medicare allowable costs are obtained directly from the Medicare Cost Report and are determined in accordance with Medicare principles of reimbursement</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 9b	<p>Children's makes reasonable and diligent efforts to collect each patient's insurance and other information and to verify coverage for health care services. Children's applies collection actions to all patients in the same manner, irrespective of their insurance status. Children's does not (and does not permit its agents to) engage in collection action of any kind, including billing, with respect to patients/guarantors that are exempt from collection action under Children's Credit and Collection Policy and under Massachusetts regulations governing the Health Safety Net program. All patients/guarantors who are not exempt from collection action are advised in all billing-related communications of the availability of free care and financial assistance, including assistance in applying for public programs and the availability of charity care. Children's does not (and does not permit its agents to) engage in legal action against patients/guarantors, including liens, wage garnishments, or lawsuits, or report patients/guarantors to credit bureaus or credit agencies without specific, case-by-case authorization by Children's Board of Directors. No legal action occurred during the year. Children's Credit and Collection Policy is filed with the Massachusetts Division of Health Care Finance and Policy. That policy and related policies are also available to patients upon request and on the Hospital's website.</p>
Part VI, Line 2	<p>Boston Children's assesses the community needs on an ongoing basis through continuous dialogue with the community, participation on committees, working groups, and task forces, as well as input from Community Advisory Board and partners. For more information, visit <a href="http://www.childrenshospital.org/about-us/community-mission/community-needs-assessment">www.childrenshospital.org/about-us/community-mission/community-needs-assessment</a></p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 3	<p>Children's provides patients with information about financial assistance programs that are available through the Commonwealth of Massachusetts or through the hospital's own financial assistance program For those patients that request financial assistance, Children's assists patients by screening them for eligibility in an available public program and assisting them in applying for the program All patients/guarantors who are not exempt from collection action are advised in all billing-related communications of the availability of free care and financial assistance, including assistance in applying for public programs and the availability of charity care The screening and application process for a financial assistance programs is done through either the Virtual Gateway (which is an internet portal designed by the Massachusetts Executive Office of Health and Human Services to provide an online application for the programs offered by the state) or through a standard paper application All Virtual Gateway and paper applications are reviewed and processed by the Massachusetts Office of Medicaid Hospitals have no role in the determination of program eligibility made by the state, but at the patient's request may take a direct role in appealing or seeking information related to the coverage decisions</p>
Part VI, Line 4	<p>Boston Children's conducted a community health needs assessment to ensure that it was addressing the most pressing health concerns across Boston and its four priority neighborhoods- Roxbury, Mission Hill, Fenway and Jamaica Plain FINDINGS The residents of Boston Children's priority neighborhoods are ethnically and linguistically diverse, with wide variations in socioeconomic levels Minority and low-income residents are disproportionately affected by the social and economic context in which they live Demographic Characteristics Residents and stakeholders commented on the variety of cultures represented in the communities served by Boston Children's Quantitative data illustrate that racial and ethnic diversity varies across Boston Children's priority neighborhoods and citywide While the majority of residents in Roxbury/Mission Hill self-identify as Black (60 9%), Fenway and Jamaica Plain have a larger proportion of White residents (70 2% and 62 0%, respectively) compared to the city (53 9%) Poverty, Income, and Employment Economic data demonstrate that among the priority neighborhoods, a greater proportion of families in Roxbury/Mission Hill (31 0%) were living in poverty compared to families citywide (16 0%) Additionally, nearly half of female headed households with children under five years of age in Boston were living in poverty (46 7%) Education Quantitative data show that educational attainment across the priority neighborhoods ranges from 71 0% of Fenway residents with a bachelor's degree or higher to 25 0% of Roxbury/Mission Hill adults Additionally, Black and Hispanic students graduate at lower rates than their White and Asian counterparts Housing Housing concerns disproportionately affect renters, who represent the majority in Boston, 42 4% of renters in Boston contribute 35% or more of their income to housing costs Neighborhood Crime and Perceptions of Safety Quantitative data validate residents' concerns, between January and June 2013, Boston Children's priority neighborhoods collectively accounted for approximately 40% of the total crimes reported citywide during this time period, the majority of which were classified as larceny or attempted larceny Furthermore, over half of all homicides occurred in Roxbury/Mission Hill There are 4 hospitals and 7 community health centers serving our priority neighborhoods There are 22 Census Tracts that fall under 2 different MUA/P areas that are within the Boston Children's Hospital priority areas Massachusetts has a low rate of uninsured children 0-5 years 1 1% uninsured - 35 9% on Medicaid6-18 years 1 5% uninsured - 30 6% on Medicaid19-25 yrs-7% uninsured - 18 9% on Medicaid</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	<p>As the only free-standing children's hospital in the state, Children's treats 90% of the sickest kids in Massachusetts and offers a range of services that are unavailable elsewhere in the region, including pediatric transplants, critical care transport services, a level 1 Pediatric Trauma Unit and a level 3 Neonatal Intensive Care Unit. Children's also qualifies for DSH payments as the state's largest provider of pediatric care to low-income families. Approximately 30% of its patients are covered by Medicaid, including patients insured by out-of-state Medicaid programs. In addition, Children's has an open medical staff model. Children's is also a leader in education and training for healthcare professionals. It sponsors 38 Accreditation Council for Graduate Medical Education-accredited training programs, one American Dental Association accredited training program and 15 non-accredited subspecialty fellowships with 512 residents/clinical fellows enrolled in these programs. Children's partners with 27 schools of nursing throughout Massachusetts and New England to provide clinical experiences in pediatrics. Children's offers a variety of continuing education courses designed for health care professionals in pediatric practice. The courses are accredited by the Office of Continuing Education at Harvard Medical School and each hour of instruction is approved for Category 1 credits towards the AMA Physician's Recognition Award. Topics include autism, eating disorders, sports injuries, endometriosis, substance abuse, concussions, strabismus, Type II Diabetes and vascular anomalies. Children's also offers half-day programs titled Pediatric Health Care Summits that are held at local hospitals, such as Beverly Hospital, Lawrence General and South Shore Hospital (Weymouth). Additionally, Children's partners with area community hospitals such as Good Samaritan Medical Center, Holy Family, Lawrence General, South Shore, St. Anne's and St. Joseph's to sponsor Community Hospital Pediatrics Grand Rounds with monthly lectures provided by faculty in medical and surgical sub-specialties. Children's also operates "Career Opportunity Advancement Children's Hospital", a seven-week program for Boston youth to explore health care careers while having a safe and meaningful summer and the program "Student Career Opportunity Outreach Program", designed by Children's nurses to introduce young people to nursing career opportunities. Children's is home to the world's largest and most active research enterprise at a pediatric center. Children's research mission encompasses basic research, clinical research, community service programs and the postdoctoral training of new scientists. Children's has a twenty-one person voluntary Board of Directors. Eighteen of the Board members are not direct employees of the hospital and all of them live in the hospital's service area. The Board oversees the hospital's endowment and follows a 4% spending rule in keeping with the industry standard of the responsible management of assets. Reserves are invested back into patient care, teaching, research, patient safety and quality initiatives, equipment, facilities, community benefits and to subsidize vital services that run a deficit.</p>
Part VI, Line 6	<p>Although Children's does not have true affiliates as defined by the IRS, it does have other affiliations. As the largest pediatric referral center in the region, Children's maintains a variety of relationships with community hospitals and other smaller pediatric programs throughout New England. These relationships include seven community hospitals in eastern Massachusetts where Children's physicians have formal arrangements to provide on-site emergency medicine, inpatient, neonatal and/or outpatient pediatric specialty services. Children's also owns and operates five outpatient facilities in Waltham, Lexington, Peabody, North Dartmouth and Jamaica Plain that offer access to pediatric specialty care in a wide array of subspecialties. Children's provides assistance to other pediatric facilities (Hasbro, RI, Dartmouth Hitchcock, NH, and Boston Medical Center) in the region through training, recruitment, consultations, on-site care and referrals for care that is not otherwise available. In addition, the Pediatric Physicians Organization at Children's brings together pediatricians, pediatric medical groups and pediatric specialists at Children's.</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	MA

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2774441

**Name:** Children's Hospital Corporation

## Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	Boston Children's Hospital 300 Longwood Avenue Boston, MA 02115 www.childrenshospital.org MA LICENSE #2139	X	X	X	X		X	X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Boston Children's Hospital	<p>Part V, Section B, Line 5 For the 2016 CHNA, Boston Children's Hospital used a participatory, collaborative approach and examined health in its broadest context As part of the CHNA, Boston Children's sought input from its Community Advisory Board (CAB) members and engaged youth to design, collect and analyze data on youth perceptions of needs and opportunities The assessment process also included synthesizing existing data on social, economic, and health indicators in Boston Eight stakeholder interviews and two focus groups with community residents were also conducted to explore perceptions of the community, health and social challenges for children and families, and recommendations for how to address these concerns Additionally, Boston Children's collaborated with other hospitals through the Conference of Boston Teaching Hospitals to gather information on community needs via four focus groups hosted by community coalitions Boston Children's also gathered information on challenges faced by children with special needs and their families by attending a focus group listening session facilitated by Health Care for All Lastly, the CHNA was informed by results from Boston Children's Determination of Need community engagement process This process, which was guided by an Advisory Group that met in person six times, included conducting seven facilitated open community engagement sessions across the city of Boston Four targeted small group discussions were also held with communities that were under-represented in the larger community sessions A formal and comprehensive needs assessment is only one part of Boston Children's approach to understanding the complex health needs and vital resources within the community Boston Children's is constantly listening and learning from patient families, community leaders and staff The staff rely on ongoing conversations with the hospital's key partners-community health centers and community-based organizations, as well as the Boston Public Health Commission and the Boston Public Schools Through the CAB, which meets on a quarterly basis, Boston Children's has a direct link to expertise on Boston neighborhoods, community organizations and current health needs The CAB is instrumental in providing feedback throughout the year and in the development and execution of Boston Children's formal assessment process</p>
Boston Children's Hospital	<p>Part V, Section B, Line 7d A comprehensive report on Boston Children's CHNA is available on the hospital's website In addition, a special report on the CHNA was created to share the process, top findings and Boston Children's plan to address community-identified concerns The special report was distributed by mail and by email to key stakeholders and all external participants involved in the community process Boston Children's also distributed the report widely to internal staff The complete assessment and special report can be found on our website at <a href="http://Bostonchildrens.org/community">Bostonchildrens.org/community</a></p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Boston Children's Hospital	<p>Part V, Section B, Line 11 Boston Children's addresses the health and social needs identified in a comprehensive community health assessment process through our clinical care, services and programs and in collaboration with community partners Below is a summary of the needs identified and Boston Children's efforts For the complete Community Health and Benefits Plan, visit <a href="http://bostonchildrens.org/community">bostonchildrens.org/community</a></p> <p>Behavioral health and issues related to substance abuse- Offering training and education for school and health center staff- Providing education and direct services in schools and community health locations for children and families- Advocating for changes to improve systems of careAsthma management, education and treatment- Improving health and quality of life outcomes for children with asthma through home visiting and case management services- Developing cost-effective program models that help families to better control asthma- Advocating for changes to improve asthma careObesity with a focus on healthy eating and access to physical fitness opportunities- Offering prevention and treatment efforts- Supporting children and families and connecting them to community resources - Building capacity in community settings to help children improve nutrition and increase physical activityImpact of violence and trauma on children, families and communities- Utilizing clinical expertise to provide prevention, treatment and advocacy services- Supporting efforts to help children and families affected by violenceSupport for early childhood/child development- Building community capacity to identify and help children and families with behavioral health concerns- Supporting efforts to create integrated systems of care for families with children starting at birth- Partnering with community organizations that provide families with support and treatment servicesPrograms and opportunities for youth including workforce development efforts- Continuing support for programming related to youth-identified needs and interests- Working with partners to provide education support and recreation for youthHealth education for children and families- Building upon the health education opportunities currently provided through community programs and services- Coordinating these resources to better meet the need for health education in the communityOther issues that affect the health of children and families such as housing, jobs, food and safety- Supporting, funding and working closely with partners and coalitions working on these issues</p>
Boston Children's Hospital	<p>Part V, Section B, Line 15e The Financial Assistance Policy provides as follows Patient/Parent will be referred to a Hospital Financial counselor for determination of eligibility for public assistance or Hospital financial assistance programs For patients not qualifying for public assistance, information collected will be provided to the Director, Financial Clearance and Financial Counseling, for determination of eligibility in the Hospital Financial Assistance Program Patients who potentially qualify for financial assistance will be approved by the Hospital Chief Financial Officer, Sr Director Patient Financial Services and/or Director, Financial Clearance and Financial Counseling, with consultation and approval of the appropriate Foundation Chief or a designee as appropriate</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Boston Children's Hospital	Part V, Section B, Line 16j Children's takes the following additional steps to make patients aware of the availability of financial assistance - Posting of signage in all patient care admission areas of the availability of financial assistance,- All billing correspondence includes language regarding the availability of financial assistance,- The Hospital web-site provides contact information for Hospital Financial Counselors who can help assist patients with applying for programs to cover medical expenses

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Corporation

Employer identification number

04-2774441

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 93

3 Enter total number of other organizations listed in the line 1 table . . . . . 4



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2	<p>Children's Hospital provides three types of grants and assistance (1) Sponsorships, (2) Scholarships, and (3) Assistance Programs SPONSORSHIPS Children's supports external strategic partners that enhance Children's role and reputation as (1) a good neighbor, (2) community health partner, (3) civic leader, (4) and an employer of choice The criteria for Children's funding decisions to the requesting organization are based on the following 1 a non-profit that promotes careers in healthcare or health services and that Children's has collaborated, or is collaborating, with 2 a non-profit located in and serving Children's target neighborhoods (Fenway, Mission Hill, Jamaica Plain, Roxbury) that address social determinants of health and that Children's has collaborated, or is collaborating, with 3 one of Children's Hospital's affiliated community health centers 4 a citywide non-profit that is a strategic partner in one or more of the Children's primary community health focus areas (asthma, mental health, nutrition/fitness, violence prevention) and that Children's has collaborated, or is collaborating, with 5 a citywide non-profit that is a strategic partner in one or more of Children's secondary community health focus areas (early intervention, early childhood/elementary education,) that Children's has collaborated, or is collaborating, with 6 a business, civic, or advocacy strategic partner that senior management is actively engaged in 7 meets the IRS and the Massachusetts Attorney General's community support or community benefit criteria 8 meets the City of Boston eligibility as a "payment in lieu of taxes" investment Records and copies of sponsorship requests and the resulting grants are kept in paper form in the Office of Child Advocacy All sponsorships requests are commonly for general operating support All sponsorship is sent a letter that reiterates the stated use of the grant or assistance and with any Community Partnership Grants, representatives of Children's make site visits to many of the grantees and request end-of-year reports SCHOLARSHIPS Children's Hospital offers several scholarship programs to support the educational goals of its employees and/or their immediate families The Sibylla Orth Young Scholarship is available to employees and their immediate families who have worked at least six months and meet income and grade point average guidelines as well as demonstration of sincere commitment to the healthcare profession Priority will be given to those pursuing careers in healthcare positions experiencing labor shortages (e.g., radiographer, pharmacy technician, clinical lab technician, nursing) Sibylla Orth Young Scholarship applications are reviewed and maintained by the Office of Learning and Development selection committee The Nursing Education Scholarship is available to deserving nurses to further his or her education in patient care and the Joshua T Shairs Cardiology Fund is a scholarship for nurses in the field of cardiology All nursing scholarship applicants must have worked at least three months, be enrolled in an academic program leading to a degree, demonstrate a commitment to the patient care and be in good standing, both professionally and academically Scholarship applications for the Nursing Education Scholarships and Joshua T Shairs Cardiology Funds are reviewed and maintained by the Department of Nursing/Patient Services selection committee All scholarship recipients are required to sign a Terms of Acceptance agreement affirming the funds will only be used for tuition, fees and/or class materials required for course instructions ASSISTANCE PROGRAMS Children's Hospital offers several financial assistance programs to provide funding to patients and their families burdened by the costs associated with long-term hospitalization, acute/chronic illness, disability or impairment We recognize the significant financial and support services burdens that patients and families face when experiencing frequent ambulatory services or prolonged inpatient admissions at Boston Children's Hospital These funds are primarily intended for use in emergent situations, and as a stop-gap intervention only They are not intended to provide permanent or long term solutions to financial need Essentially, these are funds of "last resort" when alternative options do not exist All financial assistance requests are assessed by a social worker If there appears to be significant financial hardship, the social worker does a financial assessment based on the policies and guidelines for the use of these special funds Typical requests include assistance with transportation, utilities (a child cannot be discharged without adequate heat, electricity, telephone contact in the home), etc Each request is reviewed by the Director of the Fund Checks are not payable to the family, rather a payment may be made directly to the company involved via an invoice from that company, e.g., National Grid Assessment considerations for Special Fund requests are based on * Duration of Need * Demographic * Family Status * Income Factors * Clinical Factors * Alternate Resources Available * Funding Limits</p>

Additional Data

Software ID:  
Software Version:  
EIN: 04-2774441  
Name: Children's Hospital Corporation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health Resources In Action 622 Washington Street Dorchester, MA 02124	04-2229839	501(c)(3)	310,544	0			Community Partnership
Boston Public Health Commission 1010 Massachusetts Ave Boston, MA 02118	04-3316655	115	295,686	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bowdoin Street Health Center Inc 230 Bowdoin Street Boston, MA 02122	04-2529788	501(c)(3)	95,000	0			Support of Community Health Center
Community Catalyst Inc 30 Winter Street 10th Floor Boston, MA 02108	04-3355127	501(c)(3)	30,000	0			Advocacy Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Dimock Center 55 Dimock Street Roxbury, MA 02119	04-3487835	501(c)(3)	205,000	0			Community Partnership
Fenway Community Development Corporation 73 Hemenway Street Boston, MA 02115	04-2666507	501(c)(3)	40,000	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project RIGHT 320 A Blue Hill Avenue Dorchester, MA 02121	04-3265420	501(c)(3)	75,000	0			Advocacy Support
Mattapan Community Health Center 1425 Blue Hill Ave Mattapan, MA 02426	04-2544151	501(c)(3)	82,500	0			Support of the Community Health Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sociedad Latina Inc 1530 Tremont Street Roxbury, MA 02120	04-2678255	501(c)(3)	60,000	0			Community Partnership
South Cove Community Health Center Inc 145 South Street Boston, MA 02111	04-2501818	501(c)(3)	85,000	0			Support of the Community Health Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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South End Community Health Center Inc 1601 Washington Street Boston, MA 02118	04-2456134	501(c)(3)	85,000	0			Support of the Community Health Center
Upham's Corner Community Center Inc 500 Columbia Road Dorchester, MA 02125	04-2708670	501(c)(3)	80,000	0			Support of the Community Health Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Whittier Street Health Center Committee Inc 1125 Tremont Street Roxbury, MA 02120	04-2619517	501(c)(3)	23,750	0			Support of the Community Health Center
Nurtury Inc 95 Berkeley Street Suite 306 Boston, MA 02116	04-2105893	501(c)(3)	2,500	0			Community Partnership



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Massachusetts League of Community Health Centers 40 Court Street 10th Floor Boston, MA 02108	04-2507409	501(c)(3)	5,000	0			Community Partnership
The Hyde Square Task Force Inc 375 Centre Street Jamaica Plain, MA 02130	04-3118543	501(c)(3)	2,500	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts Public Health Association 101 Tremont Street Boston, MA 02108	04-2326503	501(c)(3)	204,793	0			Community Partnership
Smart from the Start Inc 68 Annunciation Road Boston, MA 02120	45-4952663	501(c)(3)	3,000	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Health Law Advocates 30 Winter Street 10th Floor Boston, MA 02108	04-3298116	501(c)(3)	25,000	0			Advocacy Support
Mass Society for the Prevention of Cruelty to Children 3815 Washington Street Ste 2 Boston, MA 02130	04-2103596	501(c)(3)	380,432	0			Advocacy Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Boston Chamber of Commerce 265 Franklin Street 12th Floor Boston, MA 02110	04-1103090	501(c)(3)	10,000	0			Community Partnership
Massachusetts Communities Action Network 50 Mt Vernon Street Boston, MA 02125	04-2863903	501(c)(3)	2,500	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Comm Health Education Research & Service Inc 320 Huntington Avenue Boston, MA 02115	04-3286409	501(c)(3)	149,938	0			Community Partnership
Express Yourself Inc 6 Ellis Street Peabody, MA 01960	04-3294365	501(c)(3)	2,500	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Breakthrough Greater Boston PO Box 381486 Cambridge, MA 02238	04-3307783	501(c)(3)	2,500	0			Community Partnership
NAACP Boston 30 Martin Luther King Boulevard Roxbury, MA 02119	04-3574060	501(c)(3)	5,500	0			Massachusetts Voter Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston Municipal Research Bureau 333 Washington Street Boston, MA 02108	22-2673755	501(c)(3)	7,500	0			Community Partnership
Mission Hill Neighborhood Housing Services 1620 Tremont Street Mission Hill, MA 02120	23-7428011	501(c)(3)	1,000	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Black Ministerial Alliance of Greater Boston 2010 Columbus Avenue Boston, MA 02119	04-3499852	501(c)(3)	2,500	0			Community Partnership
Brigham and Women's Hospital Inc 3297 Washington Street Jamaica Plain, MA 02130	04-2312909	501(c)(3)	160,000	0			Support of Community Health Center



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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City of Boston City Hall Plaza Boston, MA 02201	04-6001380	115	1,416,439	0			Community Partnership
Charles River Community Health Inc 287 Western Avenue Allston, MA 02134	23-7221597	501(c)(3)	130,000	0			Support of Community Health Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Massachusetts Budget and Policy Center 15 Court Square Suite 700 Boston, MA 02108	04-2967537	501(c)(3)	30,000	0			Advocacy Support
Metropolitan Boston Housing Project 125 Lincoln Street 3rd Floor Boston, MA 02111	04-2775991	501(c)(3)	22,500	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Urban Edge 1542 Columbus Avenue Suite 2 Roxbury, MA 02119	22-2483475	501(c)(3)	1,000	0			Community Partnership
Massachusetts Associtation for Mental Health 50 Federal Street 6th Floor Boston, MA 02110	04-2104711	501(c)(3)	5,000	0			Advocacy Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts Health Council 200 Reservoir Road Suite 101 Needham, MA 02494	04-2296739	501(c)(3)	5,000	0			Community Partnership
Boston Center for Youth and Families 75 Newbury Street 3rd Flooe Boston, MA 02116	04-2602576	501(c)(3)	152,352	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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City LifeVida Urbana PO Box 300107 Boston, MA 02130	04-2660311	501(c)(3)	150,000	0			Community Partnership
Mission Hill Little League PO Box 02120 Roxbury, MA 02120	04-3415069	501(c)(3)	2,000	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Family Nurturing Center of Massachusetts 200 Bowdoin Street Dorchester, MA 02122	31-1626186	501(c)(3)	240,881	0			Community Partnership
Family Independence Initiative 1201 Martin Luther King Jr Way Suite 100 Oakland, CA 94612	02-0784790	501(c)(3)	104,500	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Friends of the Children 555 Armory Street Boston, MA 02130	20-1581289	501(c)(3)	2,500	0			Community Partnership
Waltham Boys & Girls Club 20 Exchange Street Waltham, MA 02451	04-2103927	501(c)(3)	50,000	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Boston Children's Museum 308 Congress Street Boston, MA 02210	04-2103993	501(c)(3)	105,414	0			Community Partnership
Third Sector New England Inc 89 South Street Suite 700 Boston, MA 02110	04-2261109	501(c)(3)	261,878	0			Community Partnership



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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The Community Builders Inc 185 Dartmouth Street Boston, MA 02116	04-2324773	501(c)(3)	283,849	0			Community Partnership
United Way of Massachusetts Bay Inc 51 Sleeper Street Boston, MA 02210	04-2382233	501(c)(3)	99,798	0			Community Partnership

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Haley House Inc 23 Dartmouth Street Boston, MA 02116	04-2437845	501(c)(3)	100,000	0			Community Partnership
Massachusetts Housing Finance Agency One Beacon Street Boston, MA 02108	04-2443980	115	75,000	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Youth Enrichment Services Inc 412 Massachusetts Avenue Boston, MA 02118	04-2509466	501(c)(3)	50,000	0			Community Partnership
Chinatown People Progressive Association Inc 28 Ash Street Boston, MA 02111	04-2631569	501(c)(3)	150,000	0			Community Partnership

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Jamaica Plain Neighborhood Development Corporation 31 Germania Street Jamaica Plain, MA 02130	04-2652919	501(c)(3)	225,000	0			Community Partnership
Health Care for All Inc One Federal Street 5th Floor Boston, MA 02110	04-3071598	501(c)(3)	180,000	0			Community Partnership & Advocacy Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Urban College of Boston 2 Boylston Street 2nd Floor Boston, MA 02116	04-3403049	501(c)(3)	150,000	0			Community Partnership
Boston Housing Authority (Homestart) 52 Chauncy Street 7th Floor boston, MA 02111	04-6001907	115	150,000	0			Community Partnership

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Boston Educational Development Foundation Inc 7 Palmer Street 2nd Floor Roxbury, MA 02119	22-2514422	501(c)(3)	88,936	0			Community Partnership
Massachusetts Affordable Housing Alliance Inc 1803 Dorchester Avenue Dorchester, MA 02124	22-3042637	501(c)(3)	156,127	0			Community Partnership

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Boston Chinatown Neighborhood Center Inc 885 Washington Street Boston, MA 02111	23-7209691	501(c)(3)	129,258	0			Community Partnership
Boston's Higher Ground 384 Warren Street Roxbury, MA 02119	27-3660369	501(c)(3)	300,000	0			Community Partnership

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Commonwheels Inc 59 Aldie Street 1 Allston, MA 02134	45-4645136	501(c)(3)	49,530	0			Community Partnership
Fresh Truck Inc 69 Shirley Street Boston, MA 02119	46-2848535	501(c)(3)	1,000	0			Community Partnership



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Raising a Reader Massachusetts 3 School Street 3rd Floor Boston, MA 02108	80-0297898	501(c)(3)	146,000	0			Community Partnership
Playworks Education Energized 380 Washington Sreet Oakland, CA 94607	94-3251867	501(c)(3)	50,000	0			Community Partnership

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Massachusetts Law Reform Institute Inc 99 Chauncy Street Suite 500 Boston, MA 02111	04-6004303	501(c)(3)	15,000	0			Advocacy Support
Dudley Street Neighborhood Initiative Inc 550 Dudley Street Roxbury, MA 02119	04-2859066	501(c)(3)	150,000	0			Community Partnership

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Dot House Health 1353 Dorchester Avenue Dorchester, MA 02122	23-7125970	501(c)(3)	150,000	0			Community Partnership
Spontaneous Celebrations Inc 45 Danforth Street Jamaica Plain, MA 02130	01-3253364	501(c)(3)	10,000	0			Community Partnership

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Simmons University School of Social Work 300 The Fenway Boston, MA 02115	04-2103629	501(c)(3)	99,925	0			Community Partnership
Cambridge Family & Children's Service 60 Gore Street Cambridge, MA 02141	04-2104057	501(c)(3)	75,000	0			Community Partnership

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West End House 105 Allston Street Allston, MA 02134	04-2105825	501(c)(3)	25,000	0			Community Partnership
Freedom House 5 Crawford Street Boston, MA 02121	04-2240448	501(c)(3)	150,000	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TSNE MissionWorks 89 South Street Suite 700 Boston, MA 02116	04-2261109	501(c)(3)	85,000	0			Community Partnership
Community Music Center of Boston Inc 34 Warren Avenue Boston, MA 02116	04-2437973	501(c)(3)	17,500	0			Community Partnership

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HopeWell Inc 3 Allied Drive Suite 308 Dedham, MA 02026	04-2438910	501(c)(3)	25,000	0			Community Partnerships
William James College Inc 1 Wells Ave Boston, MA 02459	04-2620216	501(c)(3)	249,998	0			Community Partnership

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Boston Private Industry Council 2 Oliver Street Boston, MA 02109	04-2676661	501(c)(3)	75,000				Community Partnership
Community Service Care Inc 295 Centre Street 31 Jamaica Plain, MA 02130	04-2754281	501(c)(3)	150,000	0			Community Partnership



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Mathematica 955 Massachusetts Avenue Suite 801 Cambridge, MA 02139	22-2112296	501(c)(3)	278,973	0			Community Partnership
BAGLY Inc 28 Court Square Boston, MA 02108	04-2785336	501(c)(3)	100,000	0			Community Partnership

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Children's Services of Roxbury 520 Dudley Street Boston, MA 02119	04-3082352	501(c)(3)	99,999	0			Community Partnership
Boston Healthcare for the Homeless Program 780 Albany Street Boston, MA 02118	04-3160480	501(c)(3)	18,500	0			Community Partnership

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UMass Boston Wheatley 2 160 DCSP Boston, MA 02125	04-3167352	501(c)(3)	249,610	0			Community Partnership
Foundation for Salem Public Education 45 Cherry Street Lynn, MA 01902	04-3276653	501(c)(3)	1,000	0			Community Partnership

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Families First 9 Galen Street Suite 400 Watertown, MA 02472	04-3413397	501(c)(3)	3,000	0			Community Partnership
Roxbury Presbyterian Church Social Impact Center 328 Warren Street Roxbury, MA 02119	04-3506648	501(c)(3)	50,000	0			Community Partnership

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Fenway High School Fund 67 Alleghany Street Boston, MA 02120	04-6719813	501(c)(3)	20,000	0			Community Partnership
Madison Park Development Corporation 184 Dudley Street 102 Boston, MA 02119	23-7164223	501(c)(3)	75,000	0			Community Partnership

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East Boston Neighborhood Health Center 10 Gove Street East Boston, MA 02128	23-7425849	501(c)(3)	188,857	0			Community Partnership
Youth and Family Enrichment Services 1613 Blue Hill Avenue Suite 303 Mattapan, MA 02126	27-2507783	501(c)(3)	45,868	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABCD 178 Tremont Street Boston, MA 02111	04-2304133	501(c)(3)	5,000	0			Community Partnership
Girls on the Run Greater Boston 89 South Street LL00 Boston, MA 02111	46-3532424	501(c)(3)	2,000	0			Community Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fenway Community Center 1282 Boylston Street Boston, MA 02215	47-5582148	501(c)(3)	3,000	0			Community Partnership
Rennie Center for Education Research & Policy 114 State Street Boston, MA 02109	51-0548106	501(c)(3)	17,500	0			Advocacy Support



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Peer Health Exchange 745 Atlantic Ave Boston, MA 02111	56-2374305	501(c)(3)	24,250	0			Community Partnership
Dana Farber Cancer Institute 450 Brookline Avenue Boston, MA 02215	04-2263040	501(c)(3)	10,000	0			Advocacy Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Children's Trust Inc 55 Court Street 4th Floor Boston, MA 02108	04-3123184	501(c)(3)	4,500	0			Advocacy Support

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
Sibylla Orth Young Fund for Student Aid	21	39,000		FMV	
Nursing Education Scholarship Fund	91	181,900		FMV	
Joshua T Shairs Cardiology Fund	3	3,000		FMV	
Family Resource Center Fund	21		47,146	FMV	Educational Resources
Yawkey Family Inn Fund	2462		171,634	FMV	Housing Assistance

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Devon Nicole House Operating Fund	1321		47,447	FMV	Housing Assistance
Pet Therapy Program Fund	4749		134,792	Other	Theurapeutic dog visits made to inpatients
Sandra & Geoffrey Fenwick Family Income Fund	96		928	FMV	Bereavement programs for families
Extraordinary Needs Fund II	100	97,573		FMV	
Volunteer Department Fund	1000		10,540	FMV	Supplies, Catering and Entertainment for Patients and Patient's families

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Broadway Sam Fund	1331		39,935	FMV	Tickets for Art and Entertainment Events
Family Services Fund	2588		206,817	FMV	Greeting Cards and supplies for Adopt a Family Program & wellness supplies and services
Milagros Para las Family Fund	561		60,327	FMV	Translation services and program support for spanish speaking families
Barber Family Endowment Fund	19		18,534	FMV	Teen Advisory Committee expenses
Hale Center for Families Endowment Operating Fund	664		97,061	FMV	Child Life Specialist and art supplies

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
Matthew Puffer Parking Fund	25	7,360		FMV	
Foster Grandparent Program Fund	1000		14,175	FMV	Sponsored dog show, music events, magic shows and face painting activities
Amos's Endowment/Operating Fund	2577		5,376	FMV	Supplies for Center for Families to meet patient family needs,specifically printed materials to inform families of services available (center brochures in multiple languages)
Patient Family Housing Fund	85	182,763		FMV	Covers 6 apartments for long-term (one to 4 month stays) patient families - rent, furniture, electricity, cable & supplies
Room to Heal Fund	33		6,899	FMV	Did You Know lunch series catering, printed materials for family resurces (Milagros, hotel information, and CFF guide), and ICU Parent Sleep Space room cards

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Telemachus and Irene Demoulas Family Foundation Extraordinary Needs Endowment Operating Fund	219		18,357	FMV	PACT Hope Program support, comfort sheets for end of life, Keeping Connections event supplies and parking vouchers, and Memorial Service hall reservation and printed material
Alexander Mosse Baer Entertainment Fund	100		950	FMV	Sponsored one dog show and four magic shows

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization Children's Hospital Corporation	Employer identification number 04-2774441
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Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>		No
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>		No
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?	<b>5a</b>		No
<b>b</b> Any related organization?	<b>5b</b>		No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?	<b>6a</b>		No
<b>b</b> Any related organization?	<b>6b</b>		No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>		No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>		



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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

**Schedule J (Form 990) 2018**

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	One officer received a gross up payment during the year. This amount was included in taxable income and is reported on Form 990, Part VII and Schedule J.

Return Reference	Explanation
Part I, Line 1b	The one reportable listed benefit in line 1a was approved by the Hospital's board level compensation committee. The committee is comprised of members of the board who are not employed by the Organization.

Return Reference	Explanation
Part I, Lines 4a-b	<p>Boston Children's Hospital made contributions to the supplemental non-qualified retirement plan for the individuals listed below. Contribution amounts are generally based on a percentage of compensation. Participants of the supplemental executive retirement plan are fully vested. All payments with respect to a participant's separation from service will be made in a single sum following the separation from service unless participant has elected to receive the accrued interest portion of his or her account in three annual installments. Contributions were for employee benefits and not for Boston Children's Hospital Director or Officer of the Board services and/or responsibilities. Demosthenes Argys, received in 2018, a contribution of \$56,475. August Cervini, received in 2018, a contribution of \$22,655. Kevin Churchwell, received in 2018, a contribution of \$131,500. Sandra Fenwick, received in 2018, a contribution of \$495,500. Michele Garvin, received in 2018, a contribution of \$78,258. Michael Gillespie, received in 2018, a contribution of \$35,944. Cynthia Haines, received in 2018, a contribution of \$49,071. Lisa Hogarty, received in 2018, a contribution of \$46,083. Daniel Nigrin, received in 2018, a contribution of \$51,195. Philip Rotner, received in 2018, a contribution of \$165,642. Reginald Stover, received in 2018, a contribution of \$30,756. Lynn Susman, received in 2018, a contribution of \$51,088. Doug Vanderslice, received in 2018, a contribution of \$102,130. Wendy Warring, received in 2018, a contribution of \$53,178. Laura Wood, received in 2018, a contribution of \$47,856. During Calendar Year 2018, the following individuals received supplemental executive retirement plan distributions: James Mandell, received in 2018, a distribution of \$674,930.</p>



Additional Data

Software ID:  
Software Version:  
EIN: 04-2774441  
Name: Children's Hospital Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Sandra Fenwick CEO, Noncomp Director	(i)	1,168,187	900,000	538,238	27,500	49,551	2,683,476	0
	(ii)	0	0	0	0	0	0	0
Kevin Churchwell MD President & COO/Noncomp Director	(i)	782,233	450,000	310,896	22,000	53,817	1,618,946	0
	(ii)	0	0	0	0	0	0	0
Doug Vanderslice EVP, Treasurer & CFO	(i)	710,929	225,090	577,333	22,000	33,817	1,569,169	0
	(ii)	0	0	0	0	0	0	0
Bruce Balter Asst Treasurer/Dir Corp Finance	(i)	235,560	15,689	16,380	32,986	17,667	318,282	0
	(ii)	0	0	0	0	0	0	0
Michele Garvin Esq General Counsel & Secretary	(i)	563,935	232,655	113,203	24,750	22,512	957,055	0
	(ii)	0	0	0	0	0	0	0
Laura J Wood DNP MS RN CNO/Noncomp Director	(i)	437,382	104,243	77,881	22,000	24,840	666,346	0
	(ii)	0	0	0	0	0	0	0
Demosthenes Argys SVP, & Chief Administrative Officer	(i)	487,486	113,421	86,745	24,750	19,950	732,352	0
	(ii)	0	0	0	0	0	0	0
August Cervini VP, Research Administration	(i)	282,386	73,505	44,627	19,250	22,779	442,547	0
	(ii)	0	0	0	0	0	0	0
Michael Gillespie VP, Clinical Services	(i)	364,515	66,420	61,501	22,000	14,069	528,505	0
	(ii)	0	0	0	0	0	0	0
Cynthia Haines SVP, International Services	(i)	428,591	119,630	78,873	22,000	26,357	675,451	0
	(ii)	0	0	0	0	0	0	0
Patricia Hickey PhD MBA RN NEA-BC VP, Cardiovascular Services	(i)	331,840	31,044	32,054	33,000	6,897	434,835	0
	(ii)	0	0	0	0	0	0	0
Lisa Hogarty SVP, RE Planning and Development	(i)	424,650	100,553	75,230	22,000	26,268	648,701	0
	(ii)	0	0	0	0	0	0	0
Daniel Nigrin MD SVP & Chief Information Officer	(i)	456,897	107,010	76,857	24,750	16,127	681,641	0
	(ii)	0	0	0	0	0	0	0
Philip Rotner Chief Investment Officer	(i)	660,018	580,317	189,772	22,000	40,807	1,492,914	0
	(ii)	0	0	0	0	0	0	0
Wendy Warring SVP, Network Development	(i)	485,492	112,545	80,830	24,750	20,307	723,924	0
	(ii)	0	0	0	0	0	0	0
Nader Rifai PhD Director, Chemistry	(i)	461,592	210,264	12,897	30,250	12,652	727,655	0
	(ii)	0	0	0	0	0	0	0
Lynn Susman President, Children's Hospital Trust	(i)	438,562	115,000	78,111	27,500	30,582	689,755	0
	(ii)	0	0	0	0	0	0	0
Reginald Stover VP, Human Resources	(i)	386,090	150,000	85,784	0	22,751	644,625	0
	(ii)	0	0	0	0	0	0	0
Martin Kelly Director, Investments	(i)	355,220	284,467	1,611	22,000	17,714	681,012	0
	(ii)	0	0	0	0	0	0	0
Alison Svizzero Director, Investments	(i)	325,553	257,818	509	19,250	1,608	604,738	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
James Mandell MD Former CEO	(i)	0	0	674,930	0	0	674,930	0
	(ii)	-----	-----	-----	-----	-----	-----	-----
		0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Corporation

Employer identification number  
04-2774441

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHEFA Revenue Bonds Series N	04-2456011	57586EUJ8	05-13-2010	341,590,000	Refunded Series G, H, I, J & K		X		X		X
B MDFA Revenue Bonds Series O	04-3431814	NoneAvail	12-11-2013	200,640,000	Refunded Series L		X		X		X
C MDFA Revenue Bonds Series P	04-3431814	57583UK31	05-21-2014	136,685,000	New bldg construction, reno & capital equip		X		X		X
D MDFA Revenue Bonds Series Q	04-3431814	NoneAvail	07-11-2014	50,255,000	New building construction & renovations		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	341,590,000		200,640,000		151,753,430		50,255,000	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .	339,564,138		200,000,000					
7	Issuance costs from proceeds . . . . .	2,025,862		640,000		1,753,430		255,000	
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .					150,000,000		50,000,000	
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2010		2013		2013		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X



Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X		X		X
b	Exception to rebate? . . . . .		X		X		X		X
c	No rebate due? . . . . .	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider . . . . .	Goldman Sachs Mitsui Marine		Goldmn SachsBOA					
c	Term of hedge . . . . .	3000 0000000000 %		3000 0000000000 %					
d	Was the hedge superintegrated? . . . . .		X		X				
e	Was the hedge terminated? . . . . .		X		X				

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

<b>Return Reference</b>	<b>Explanation</b>
Date Rebate Computation Performed	Issuer Name MHEFA, Revenue Bonds Series N Date the Rebate Computation was Performed 09/30/2014 Issuer Name MDFA, Revenue Bonds Series O Date the Rebate Computation was Performed 12/11/2018 Issuer Name MDFA, Revenue Bonds Series P Date the Rebate Computation was Performed 09/30/2018 Issuer Name MDFA, Revenue Bonds Series Q Date the Rebate Computation was Performed 09/30/2018 Issuer Name MDFA, Revenue Bonds Series R Date the Rebate Computation was Performed 09/30/2018 Issuer Name MDFA, Revenue Bonds Series S Date the Rebate Computation was Performed 12/01/2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
Children's Hospital Corporation

Employer identification number  
04-2774441

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MDFA Revenue Bonds Series R	04-3431814	NoneAvail	07-29-2014	125,350,000	Refunded a portion of Series N		X		X		X
B MDFA Revenue Bonds Series S	04-3431814	NoneAvail	12-19-2017	135,215,000	Refunded Series M		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	125,350,000		134,703,799					
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .	125,000,000							
7	Issuance costs from proceeds . . . . .	350,000		511,201					
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2014							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X			X				
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X					
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %					
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %					
<b>6</b>	Total of lines 4 and 5 . . . . .	0 %		0 %					
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X				
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .		X		X				
<b>b</b>	Exception to rebate? . . . . .		X		X				
<b>c</b>	No rebate due? . . . . .	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	X			X				
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
<b>b</b>	Name of provider . . . . .	Goldman Sachs Mitsu							
<b>c</b>	Term of hedge . . . . .	3000 0000000000 %							
<b>d</b>	Was the hedge superintegrated? . . . . .		X						
<b>e</b>	Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Children's Hospital Corporation

Employer identification number  
04-2774441

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	91	14,958,119	Mean Value on Gift Date
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	19	4,325	Mkt Value per Donor
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( Travel/Dining )	X	4	155,000	Mkt Value per Donor
26 Other ► ( Misc Other )	X	26	65,830	Mkt Value per Donor
27 Other ► ( )				
28 Other ► ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

No

31 Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a Yes

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2018)

**Part II** **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 32b	The Hospital uses an event management firm to assist in processing non-cash donations received for an event auction
Part I, Line 33	The Hospital may receive items such as books, stuffed animals and video games that are donated to the units - these items are de minimus and values are not available so they are not reported in revenues

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
Children's Hospital Corporation**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection****Employer identification number**

04-2774441

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation. The Children's Medical Center Corporation elects the governing body of Children's Hospital Corporation because the Board of Directors of Children's Hospital Corporation must consist of the persons who serve from time to time as the directors of The Children's Medical Center Corporation.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation ("the Hospital") As stated in the Hospital's By Laws, Children's Medical Center Corporation has the powers and rights - to approve proposed operating and capital budgets of the Hospital, - to approve the sale of all or substantially all of the Hospital's assets or the Hospital, - to approve the establishment of all long-range plans, goals and objectives of the Hospital, - to approve any incurrence of long-term indebtedness by the Hospital , - to approve the appointment or removal of the Chief Executive Officer of the Hospital, - to approve mergers, consolidations, and other forms of corporate affiliations with third parties</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	<p>The Form 990 tax return was prepared by the organization's staff and reviewed by management (including the Chief Executive Officer, President &amp; Chief Operating Officer, Chief Financial Officer, General Counsel and other relevant departments of the organization), along with the outside accounting firm of Ernst &amp; Young. The Form 990 tax return was then presented to the Children's Medical Center and affiliates' Audit &amp; Compliance Committee. Also, a copy was made available to the Board before filing.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>The Hospital's Conflict of Interest and Commitment policy applies to all directors, Trust Board members, members of the medical or research staff, faculty, fellow, resident, student, visiting faculty or scientist, consultant, volunteer and employees of the Hospital. Directors, chiefs of service and division chiefs, senior directors and others who exercise influence over important strategic, business and purchasing decisions of the Hospital are required to complete an annual conflict of interest disclosure questionnaire about their financial interests and outside activities. If an expected questionnaire is not returned, the Compliance Officer notifies the individual's supervisor or the CEO or COO, and repeated requests for the completed questionnaire are made until the questionnaire is completed. Responses are reviewed by the Compliance Officer and any potential conflicts are discussed with the Office of General Counsel and/or the individual's supervisor, any actual or potential conflicts are managed by termination of the conflict, management of the conflict, recusal, disclosure, review, or a combination thereof. Outside interests and outside activities may be permitted as long as the Hospital, Medical Center or Trust determines that such interests and activities are consistent with the policies of the Hospital, Medical Center or Trust and the Hospital, Medical Center or Trust Board member, medical staff member or employee involved does the following: 1. discloses the fact that he/she has a financial interest or a consultative role in or with a person or company with which the Hospital, Medical Center or Trust is doing or is thinking of doing business, and 2. refrains from voting or exercising any personal influence whatsoever in the selection of a person or company to do business with the Hospital, Medical Center or Trust with whom or in which he/she has a financial interest or a consultative role, and 3. avoids any active participation in any financial negotiations between the Hospital, Medical Center or Trust and the person or company with whom or in which he/she has a financial interest or consultative role, and 4. does not permit such outside interests or activities to absorb such amounts of his/her time and effort as to make it impractical for them to fulfill their assigned responsibilities at the Hospital, Medical Center or Trust, and 5. does not permit such outside interests or activities to compromise or appear to compromise the name or reputation of the Hospital, Medical Center or Trust.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15	<p>The Hospital has a board level compensation committee that annually reviews and approves the compensation for the following individuals: Chief Executive Officer, President &amp; Chief Operating Officer, Executive Vice President of Finance, IS &amp; RE &amp; Chief Financial Officer, Senior Vice President &amp; General Counsel, Senior Vice President, Patient Care Services &amp; Chief Nursing Officer, Senior Vice President &amp; Chief Administrative Officer, Vice President, Research Administration, President, Children's Hospital Trust, Vice President, Government Relations, Vice President &amp; Chief Marketing Officer, Senior Vice President &amp; Chief Information Officer, Vice President, Human Resources, Vice President, Support Services, Senior Vice President, Real Estate Planning &amp; Development, Chief Investment Officer, Senior Vice President, Network Development &amp; Strategic Partnerships, Vice President, Clinical Services, Senior Vice President, International Services. The committee is comprised of members of the board who are not employed by the organization, and no member may participate in the review and approval of compensation if the member has a conflict of interest with respect to that compensation arrangement. The committee relies on data, provided by an independent compensation consultant, which includes comparable compensation for similarly qualified persons, in functionally comparable positions, at similarly situated organizations. The deliberations and decisions of the committee are documented in minutes of the meeting.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>The Hospital posts its Code of Conduct (which incorporates the Conflict of Interest Policy ) and its Compliance Manual (which includes a summary of the Conflict of Interest Policy) on its external website and these are also available from the Compliance Office or the Office of General Counsel. Governing documents are not posted publicly but are available from the Hospital upon request and are also filed with the Massachusetts Secretary of State, where they are available to the public. Audited financial statements are filed annually with the Massachusetts Office of the Attorney General as part of the Hospital's Form PC filing and are available from the organization upon request. Quarterly financial statements are filed with the Hospital's bond trustee and are available to the public through the Electronic Municipal Market Access (EMMA) website maintained by the Municipal Securities Rulemaking Board.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>Purchased Medical Services Program service expenses 111,194,937 Management and general expenses 12,014,781 Fundraising expenses 0 Total expenses 123,209,718 Purchased Research Services Program service expenses 49,027,918 Management and general expenses 6,652 Fundraising expenses 0 Total expenses 49,034,570 Consulting Services Program service expenses 20,420,420 Management and general expenses 15,945,778 Fundraising expenses 488,268 Total expenses 36,854,466 Misc Purchased Services Program service expenses 25,005,773 Management and general expenses 7,548,842 Fundraising expenses 159,007 Total expenses 32,713,622 Nursing Agency Fees Program service expenses 11,234,248 Management and general expenses 383,652 Fundraising expenses 0 Total expenses 11,617,900 Laundry Services Program service expenses 2,349,807 Management and general expenses 46,046 Fundraising expenses 0 Total expenses 2,395,853 Security Services Program service expenses 8,214,112 Management and general expenses 114,703 Fundraising expenses 310 Total expenses 8,329,125 Catering Fees Program service expenses 1,006,853 Management and general expenses 260,639 Fundraising expenses 26,488 Total expenses 1,293,980 Collection Agency Fees Program service expenses 0 Management and general expenses 1,717,030 Fundraising expenses 0 Total expenses 1,717,030 Temp Agency Fees Program service expenses 8,384,518 Management and general expenses 2,740,557 Fundraising expenses 79,533 Total expenses 11,204,608 Ambulance Services Program service expenses 121,561 Management and general expenses 0 Fundraising expenses 0 Total expenses 121,561 Environmental Services Program service expenses 790,275 Management and general expenses 256,797 Fundraising expenses 0 Total expenses 1,047,072</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Net Transfers/Support from Children's Medical Center 194,968,968 Pension Adjustment -98,688,719 Other Adjustments 993 Tran of Prof Svc Surplus from Net Assets to Funds Held for Others -2,155,453



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Corporation

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

04-2774441

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

Yes

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

Yes

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

Yes

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

Yes

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2018

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

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 04-2774441  
Name: Children's Hospital Corporation

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) Children's One Brookline Place LLC 300 Longwood Avenue Boston, MA 02115 20-5850015	Real Estate Holdings	MA	0	0	Children's Hospital Corporation
(1) Children's Brookline Place LLC 300 Longwood Avenue Boston, MA 02115 26-1523020	Real Estate Holdings	MA	0	0	Children's Hospital Corporation
(2) Children's Five Brookline Place LLC 300 Longwood Avenue Boston, MA 02115 20-5850117	Real Estate Holdings	MA	0	0	Children's Hospital Corporation
(3) BCH Washington Street LLC 300 Longwood Avenue Boston, MA 02115 81-4382691	Real Estate Holdings	MA	-5,657,956	40,136,225	Children's Hospital Corporation
(4) BCH Pearl Street LLC 300 Longwood Avenue Boston, MA 02115 81-7393086	Real Estate Holdings	MA	0	9,884,746	Children's Hospital Corporation
(5) BCH Brookline Ave LLC 300 Longwood Avenue Boston, MA 02115 81-4457294	Real Estate Holdings	MA	156,434	4,248,817	Children's Hospital Corporation
(6) Boston Children's Health International LLC 300 Longwood Avenue Boston, MA 02115 81-4377341	Inactive	MA	0	0	Children's Medical Center Corp
(7) Children's Westland LLC 300 Longwood Avenue Boston, MA 02115 26-2904847	Inactive	MA	0	0	Longwood Research Institute
(8) BCH 819 Beacon Street LLC 300 Longwood Avenue Boston, MA 02115 81-4382691	Real Estate Holdings	MA	1,121,863	10,609,971	Longwood Research Institute
(9) Children's Waltham Medical Center LLC 300 Longwood Avenue Boston, MA 02115 20-2076874	Real Estate Holdings	MA	0	0	Children's Medical Center Corp
(10) Boston Children's Health Accountable Care LLC 300 Longwood Avenue Boston, MA 02115 30-0991601	Accountable Care	MA	18,624,963	13,313,733	Children's Hospital Corporation
(11) BCD Hospital Energy Collaborative LLC 300 Longwood Avenue Boston, MA 02115 82-1711826	Hospital Energy	MA	0	0	Children's Hospital Corporation
(12) Boston Children's Health Physicians LLP 300 Longwood Avenue Boston, MA 02115 13-3956599	Healthcare	NY	156,732,549	65,771,311	Children's Medical Center Corp

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
55 Shattuck Street Boston, MA 02115 04-1174680	Holds & manages security, real estate investments for Children's Hospital	MA	501(c)(3)	Line 12c, III-FI	N/A		No
300 Longwood Avenue Boston, MA 02115 04-2781368	Medical & scientific research, holds real estate investments	MA	501(c)(3)	Line 12c, III-FI	Children's Medical Center Corporation		No
300 Longwood Avenue Boston, MA 02115 04-3323330	Holds & manages satellite ambulatory centers, real estate investments	MA	501(c)(3)	Line 10	Children's Medical Center Corporation		No
300 Longwood Avenue Boston, MA 02115 04-3266103	Coord & develop integrated childhith care system w/ affil members	MA	501(c)(3)	Line 12d, III-O	N/A		No
300 Longwood Avenue Boston, MA 02115 80-0368043	Improve patient safety & quality for children w/ heart disease	MA	501(c)(3)	Line 7	Children's Hospital Corporation	Yes	
300 Longwood Avenue Boston, MA 02115 04-2780811	Fundraising	MA	501(c)(3)	Line 7	Children's Hospital Corporation	Yes	
300 Longwood Avenue Boston, MA 02115 04-3136318	Owning & Leasing Real Estate	MA	501(c)(3)	Line 12c, III-FI	Children's Medical Center Corporation		No
300 Longwood Avenue Boston, MA 02115 04-3200113	Pediatric Health Care, Education & Research	MA	501(c)(3)	Line 12b, II	N/A		No
450 Brookline Avenue BP418 Boston, MA 02215 04-3554536	Joint program in pediatric oncology	MA	501(c)(3)	Line 12b, II	N/A		No
Hangar 1727 Hanscom AFB Bedford, MA 01730 22-2582060	Critical Care Transport	MA	501(c)(3)	Line 12b, II	N/A		No
160 Longwood Avenue Boston, MA 02115 04-3476764	Energy Related Initiatives	MA	501(c)(3)	Line 12a, I	N/A		No