PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 034612 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2016 Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Internal Revenue Service Inspection. Information about Form 990 and its instructions is at www.irs.gov/form990. and ending JUN 30 A For the 2016 calendar year, or tax year beginning JUL 1, 2016 Check if applicable C Name of organization D Employer identification number Boston Plastic and Oral Surgery Address Foundation, Inc. Name change 04-3286718 Doing business as Number and street (or P 0. box if mail is not delivered to street address) Room/suite E Telephone number S HU-158 Final return/ (617)355-6202 300 Longwood Avenue 18,758,716. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 02115 Boston, MA H(a) Is this a group return Applica-F Name and address of principal officer: John G. Meara, MD Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or _| 501(c) () ◀ (insert no.) If "No," attach a list. (see instructions) Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1995 M State of legal domicile, MA Part I Summary Briefly describe the organization's mission or most significant activities. The Foundation provides plastic and oral surgery services, medical research, and (see Schedule 0) Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-7 Inp 34-E UNIT 0. Prior Year 55,322. **Current Year** RFCEIVED 808,372. Contributions and grants (Part VIII, line 1h) 15,903,896. ,943,658. 10 Investment income (Part VIII, column (A), lines 3, 4, and 70) 2 7 2020 Program service revenue (Part VIII, line 2g) 2,630. 6,686. 127,610. Ō. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c, CH

12 Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 16,089,458. 18,758,716 52,565. 4,220,723 Grants and similar amounts paid (Part IX, column (A), lines (3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 11,846,490. 12,949,963 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10) SCANNED 16a Professional fundraising fees (Part IX, column (A), line 11e) ٥. b Total fundraising expenses (Part IX, column (D), line 25) 4,751,733. 3,697,399 17 Other expenses (Part IX, column (A), Ilnes 11a-11d, 11f-24e) 15,596,454. 21,922,419. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 493,004. -3,163,703. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 14,767,379. 17,561,019. 20 Total assets (Part X, line 16) 7,002,643. 12,086,860. 21 Total liabilities (Part X, line 26) 7,764,736. 5,474,159 Net assets or fund balances, Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of proparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign John G. Meara, MD President Here Type or print name and title Date Print/Type preparer's name Preparer's signature Nicholas E. Porto 05/09/18 P01310283 Paid Firm's name Baker, Newman, & Noyes, 01-0494526 Firm's EIN Preparer Firm's address > 280 Fore Street **Use Only** Phone no. (800) 244-7444 Portland, ME 04101

Le statute issue

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate Instructions.

See Schedule O for Organization Mission Statement Continuation

May the IRS discuss this roturn with the preparer shown above? (see instructions)

43 %

Yes X No Form **990** (2016)

Foundation, Inc. 04-3286718 Page 2 Part III | Statement of Program Service Accomplishments \mathbf{X} Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission The Foundation provides plastic and oral surgery services primarily to patients at Boston Children's Hospital and at satellite locations. The Foundation was organized exclusively for charitable, scientific, and educational purposes. The mission strives to (see Schedule O) Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. ___Yes ☒ No Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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. 19,380,049. including grants of \$ 4,220,723.) (Revenue S) (Expenses \$ The Foundation provides plastic and oral surgery services primarily to patients at Boston Children's Hospital and at satellite locations. Foundation may charge for patient care and other medical services provided that any net income be used exclusively for the charitable, scientific, and educational purposes for which the Foundation was created. The Foundation also provides care for patients in need of plastic or oral surgery services regardless of their ability to pay, as well as providing and supporting hospital and community based services that are limited in the community. 195,758 · including grants of \$ 113,073. The Foundation receives income from Boston Children's Hospital for providing administration, supervision, and teaching services. Foundation carries on and promotes basic and applied medical research and education in the field of plastic and oral surgery by teaching students and other medical and scientific personnel; by providing or supplementing income to research personnel through fellowships, research grants, and stipends; and by giving lectures and publishing information concerning problems and research results in the fields of plastic and oral surgery in order to educate the general public and the medical profession. Including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.)) (Revenue \$ 19,575,807. 4e Total program service expenses ▶

			¥	L Na
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Yes	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
	If "Yes," complete Schedule A	_1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			۱,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			۱
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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?			i
	If "Yes," complete Schedule D, Part IV	9		Х
10	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	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •				Ι.
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	,		
а		11a	х	
L.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 1a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
		110	_	 -
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		43
d	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	444	x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		├
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
15	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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			İ
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	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	17		X
18	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	18		Х
19	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	19		Х
		Form	990	(2016)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	X	
22	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	22		X
23	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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			
	Schedule L, Part I	25b_		X
26	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? If "Yes,"			
	complete Schedule L, Part II	26	Х	
27	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? If "Yes," complete Schedule L, Part III	27		X
28	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).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			**
	If "Yes," complete Schedule N, Part I	31		_ <u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			17
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		- T	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		•
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	"	
	Note. All Form 990 filers are required to complete Schedule O	38	X]	0010
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Form	990 (2016) Foundation, Inc. 04-3286	718	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable			-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		i	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			:
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).		İ	- -
	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			х
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		12
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
^		۰		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	\vdash
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter		,	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			}
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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			
С	Enter the amount of reserves on hand			l

14a

14b

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X					
Sec	tion A. Governing Body and Management			<u> </u>					
	don't do to thing body and management		Yes	No					
40	Enter the number of voting members of the governing body at the end of the tax year 1a 4	ſ	103	140					
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1	ŀ						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.]]	3 .					
h		-							
٠,	B Little Wild Harrison of Young Herribons included in line 14, above, who are independent								
2		2		x					
•	officer, director, trustee, or key employee?			 ^					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		х						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?	5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X	├ ^-					
6	Did the organization have members or stockholders?	6	Λ	 					
7a	3		х						
	more members of the governing body?	7a		 -					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		v						
	persons other than the governing body?	7b	X	ļ					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7.7	1					
а	The governing body?	8a	X	ļ					
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>					
9	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	9		_X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_							
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>					
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?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			:					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization .	15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			-					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			-					
	taxable entity during the year?	16a		_X_					
b	If "Yes," 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	<u> </u> -		•					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X 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	i finan	cial						
	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								
	Ronald Heald, Treasurer - (617) 355-6202								
	300 Longwood Avenue, Boston, MA 02115								

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Form 990 (2016) Part VIII 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)	<u> </u>			2)			(D)	(E)	(F)
Name and Title	Average					ł		Reportable	Reportable	Estimated
Marie una rico	hours per	box	Position (do not check more than one box, unless person is both ar officer and a director/trustee)			on is both an		compensation	compensation	amount of
	week	offl				r/trus	tee)	from	from related	other
	(list any	ector		Ì	İ			the	organizations	compensation
	hours for	ordir	بو			ate		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		 gg	Sead		(W-2/1099-MISC)		organization and related
	organizations below	la t	lenoi		le ye	tog a	١.			organizations
	line)	Individual trustee or director	insbluttonal trustee	Officer	Кеу етріоуее	Highest compensated employee	Ē			Organizations
(1) John G. Meara, MD	55.00	=	╘	10	<u> </u>	= =	۳			
President	5.00	x		x				901,915.	0.	101,124
(2) Brian I. Labow, MD	60.00	 	\vdash	-	┢	\vdash	\vdash	30273200		
Vice President		x		x		Ì		1,046,339.	0.	69,313
(3) Bonnie L. Padwa MD	60.00					-	┢	2/020/0020		
Secretary/Clerk	0.00	x		x				974,851.	0.	100,710
(4) Ronald Heald	55.00					-	H	3,2,0020	•	
Treasurer	5.00	\mathbf{x}		Х				0.	179,223.	71,283
(5) Physicians' Org. at CH, Inc.	2.00	1	╁	 	 		\vdash			
Independent Board Member	0.00	1	x					0.	0.	0
(6) Cory M. Resnick, MD	60.00	1	_	-	-		Т			
Physician	0.00	1		ŀ		Х		774,427.	0.	92,761
(7) Amir H. Taghinia MD	60.00						Г			
Physician	0.00	1				Х		613,640.	0.	80,636
(8) Arin K. Greene, MD	60.00									
Physician	0.00					Х		603,199.	0.	120,110
(9) John B. Mulliken, MD	60.00						Г			
Physician	0.00					X		539,921.	0.	151,417
(10) Carolyn Rogers-Vizena, MD	60.00									
Physician	0.00	1		l		Х		492,384.	0.	97,303
]		}						
						L				
]								
					L		L			
		<u> </u>		L			L			
		1								
			L		<u> </u>					
]						}		
		l	l	1	l	1	1			

reet,	Suite	10,	Lakeville,	MA	02347	services	420,844
			-				
							
	•		,	•	ot limited to those	e listed above) who received more than	7,74
\$100,000	of compens	sation fr	om the organization	≥			Form 990 (2016
							. 3111 444 (2010

Form **990** (2016)

Part VIII Statement of Revenue									
		Check if Schedule O con	tains a response	or note to any lin	ne in this Part VIII				
- p/,	, 's				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Grants 7	1 a	Federated campaigns	1a	, , , , , , , , , , , , , , , , , , , ,	.31	(a marting a second	revenue	512 - 514	
ira our	b	Membership dues	1b			-7 = 0			
	c	· ,	1c						
	d		1d	808,372.					
S,E	е	Government grants (contribu	tions) 1e		,				
rSi	f	All other contributions, gifts, gran	nts, and			170 1000			
the t		similar amounts not included abo	1 1				[문학생활성		
Contributions, Gif and Other Similar	g	Noncash contributions included in lines	s 1a-1f \$		100				
ခ် မ	h	Total. Add lines 1a-1f			808,372.				
				Business Code	again in the			机工作的现在分词	
g	2 a	Patient Service Revenu	ıe	621300	17,548,977.	17,548,977.			
و کز	b	Other Revenue		621300	281,608.	281,608.			
Program Service Revenue	c	Education and Research	Programs	611710	113,073.	113,073.			
ran ev	d	l							
Pog	е								
ď.	f	All other program service reve	enue .	<u></u>		ļ	ļ		
	g				17,943,658.		grad Strain	\ \\\	
	3	Investment income (Including	j dividends, inter	est, and					
		other similar amounts)		>	6,686.			6,686.	
	4 Income from investment of tax-exempt bond pro			proceeds 🕨					
	5	Royalties		. 🔊					
			(i) Real	(ii) Personal	* * *		1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	4	
	6 a					in the constant	\$ 8000		
	b	Less: rental expenses	ļ		1		10000		
	c	, ,			4_ 4		1"		
		Net rental income or (loss)			\$\$, , , , , ,	· · · · · · · · · · · · · · · · · · ·		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		800 (100)	- 1 2 2 2 3	Reformation (1)	
		assets other than inventory		<u> </u>		\$ 5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	ь	Less: cost or other basis							
		and sales expenses						· ''' / (; · '	
		Gain or (loss)		. •	7, 73 ° <u>"</u>	,,, -			
		l Net gain or (loss) Gross income from fundraisin	a avanta (nat			7, 31	, , ; .	7, - 1, 1	
Revenue	o a	including \$	of		Part of the second				
Ver		contributions reported on line							
		Part IV, line 18	a (C) See		13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 3 2 2 3	
Other	h	Less. direct expenses	s				17-53-34		
ō		: Net income or (loss) from fun-	•	` <u> </u>			·	, * * , '	
		Gross income from gaming a	_		C 5 5 5	Elas Jakobara de Ja	10000	ار والدوري والحدودي	
	Ja	Part IV, line 19	a a	,					
	h	Less: direct expenses	b					14 19 13 16	
		: Net income or (loss) from gan			,			, , , , , , , ,	
		Gross sales of inventory, less			1275-11-11-11		1700 1700	1, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
		and allowances	a	. :				100 (100 mg 11) 100 (100 mg 11)	
	ь	Less cost of goods sold	b		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
		Net income or (loss) from sale	es of inventory	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 1 111		,	
		Miscellaneous Revenu		Business Code	克龙		1 - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	7 (# - C)	
	11 a								
	b								
	С	·	 						
	d	•		L					
	е	Total. Add lines 11a-11d		>	10 5-3 -3			<u> </u>	
	12	Total revenue See instructions.		•	18,758,716.	17,943,658.	0,	6,686.	

Foundation, Inc. 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 (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 4,220,723 4,220,723 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 3,745,097. 3,924,320. 179,223. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,000,189. 5,924,755. 1,075,434. Other salaries and wages Pension plan accruals and contributions (include 693,065 693,065. section 401(k) and 403(b) employer contributions) 331,046. 816,703. 1,147,749. Other employee benefits 184.640. 182,561. 2,079. Payroll taxes 10 Fees for services (non-employees) a Management 41,227. 41,227. b Legal 27,845. 27,845. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 68,594 column (A) amount, list line 11g expenses on Sch O.) 68,594 Advertising and promotion 972,921 948,157. 24,764. Office expenses 13 Information technology 14 Royalties 15 404,943. 404,943. 16 Occupancy 42,420. 271,436. 229,016. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 47,031. 194,318. 147,287. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 27,343. 27,343. 22 Depreciation, depletion, and amortization 260,773. 239,481. 21,292 23 Insurance 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.) 742,164.742,164. Co-ordinated specialty 680,731. 680,731. Billing expense 545,301. Bad debt expense 545,301. PO dues 422,787. 422,787. 91,350. 91,350. All other expenses 21,922,419. 19,575,807. 2,346,612. <u>o.</u> Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. If tallowing SOP 98-2 (ASC 958-720)

Form 990 (2016)
Part X Balance Sheet

Pai	rt′X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X	·		
		Clieck is Schedule O contains a response of flote to any line in this rate A	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	8,514,691.	1	8,691,071.
	2	Savings and temporary cash investments	1,292,707.	2	2,776,581.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,288,346.	4	2,442,812.
	5	Loans and other receivables from current and former officers, directors,	The second second	٠,	14.30.20.1
		trustees, key employees, and highest compensated employees. Complet		′ , '	
		Part II of Schedule L	60,000.	5	100,000.
	6	Loans and other receivables from other disqualified persons (as defined to	. 15 2327 1 1 1	11	17. 17. 1- 2
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	Di vi a	1,5,7	
		employers and sponsoring organizations of section 501(c)(9) voluntary		- ',',	
ß		employees' beneficiary organizations (see instr). Complete Part II of Sch I		6	
Assets	7	Notes and loans receivable, net	80,000.	7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	120,729.	9	140,547.
	10a	Land, buildings, and equipment: cost or other	Same and the same		-11
		basis, Complete Part VI of Schedule D 10a 758,	767.		
	ь	Less: accumulated depreciation 10b 38,	599. 70,997.	10c	720,168.
	11	Investments - publicly traded securities	983,211.	11	1,126,681.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,356,698.	15	1,563,159.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,767,379.	16	17,561,019.
	17	Accounts payable and accrued expenses	2,392,169.	17	3,049,101.
	18	Grants payable .	297,554.	18	4,310,402.
	19	Deferred revenue	58,077.	19	10.
	20	Tax-exempt bond liabilities		. 20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ខ្ល	22	Loans and other payables to current and former officers, directors, truste	es, -2,2,200 - 100 2	1-,	
Liabilities		key employees, highest compensated employees, and disqualified person	ns.		「製造」、食品が、大学
iab	Ì	Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		F	4 505 045
		Schedule D	4,254,843.	25	4,727,347.
	26	Total liabilities. Add lines 17 through 25	7,002,643.	26	12,086,860.
		Organizations that follow SFAS 117 (ASC 958), check here	and The state of t		
ŝ		complete lines 27 through 29, and lines 33 and 34.	7 400 414		(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
auc	27	Unrestricted net assets	7,409,414.	27	5,118,837.
Bal	28	Temporarily restricted net assets	355,322.	28	355,322.
nd	29	Permanently restricted net assets		29	
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here		S. 35	
ŏ		and complete lines 30 through 34.			
Set	30	Capital stock or trust principal, or current funds		30	
AS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	7 764 726	32	5 171 150
-	33	Total net assets or fund balances	7,764,736. 14,767,379.	33	5,474,159.
	34	Total liabilities and net assets/fund balances	14,/6/,3/9.	34	17,561,019. Form 990 (2016)

Boston Plastic and Oral Surgery Foundation, Inc.

	boscon riascic and orar bargery				
Form	990 (2016) Foundation, Inc.	04-32	286718	Pag	е 12
Pa	rt XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response or note to any line in this Part XI				X
	1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,758	<u>3,7:</u>	<u> 16.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,922		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,163		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,764	1,73	36.
5	Net unrealized gains (losses) on investments .	5			
6	Donated services and use of facilities	6		-	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9	873	3,12	26.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,474	1,15	<u> 59.</u>
Pa	rt.XII Financial Statements and Reporting	_			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	·		
				Yes	No
1	Accounting method used to prepare the Form 990		<u>. 1867,4</u> 1	3 , 4	523
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	n 3	5 ·	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a		.	· · · · · · · · · · · · · · · · · · ·
	separate basis, consolidated basis, or both:		" <u>[</u>]	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			·' - ;
	consolidated basis, or both:			, : ·]	· , (
	Separate basis			` [, · [
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	ə audıt,		1_:1	1.
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	adule O.		",	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit	\$ 2.65	1	'
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		Ì	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
	<u>.</u>		Form S	390 (2	2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection

Boston Plastic and Oral Surgery Employer identification number

2016

Open to Public

04-3286718 Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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). (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (I) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 Foundation, Inc.

O4-32867

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						-
	membership fees received. (Do not						
	include any "unusual grants.")	, ,		J			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	1					
3	The value of services or facilities			· · · · · · · · · · · · · · · · · · ·			
_	furnished by a governmental unit to			•		}	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		7 48 2 7 4	-0, 20	2		· · · · · · · · · · · · · · · · · · ·
Ŭ	by each person (other than a	()				- 1	
	governmental unit or publicly			1 (er e :	, '	1. Sec. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
	supported organization) included	13. A. A. A. H. E.	Principle (1)		12		
	on line 1 that exceeds 2% of the		1. 1. 1. 2. 1. 2. 1.				
	amount shown on line 11,		8-1-			1 2000	
_	column (f)	,,	<u> </u>			, , , ,	
	Public support, Subtract line 5 from line 4		· ,`,`	J 1675		1 3	
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,					Ì	
	dividends, payments received on						
	securities loans, rents, royalties]					
	and income from similar sources						
9	Net Income from unrelated business						
	activities, whether or not the					ŀ	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					. 1	
	assets (Explain in Part VI.)	[
11	Total support. Add lines 7 through 10 -		, , , ,	2 - 1 - 1 - 4 - 5 - 5			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here .				•_	_ ▶ □
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2016 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2015	Schedule A. Part	II. line 14			15	%
	33 1/3% support test - 2016. If the o	•	•	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies	-				,	▶ □
b	33 1/3% support test - 2015. If the d		-	•	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual	ŭ		•		•	ightharpoons
172	10% -facts-and-circumstances tes				. 13. 16a. or 16b. s	and line 14 is 10% /	or more.
.,,	and if the organization meets the "fac	-					
				-		now the organi	L
L	meets the "facts-and-circumstances"	•	*	· · ·	-	Za and line 15 is 1	. P
u	10% -facts-and-circumstances tes						070 OI
	more, and if the organization meets the						_
10	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16	a, 160, 1/a, or 1/b	, check this box a	na see instructions	

Schedule A (Form 990 or 990 EZ) 2016 Foundation, Inc. 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

Section A. Public Support	oelow, please com	olete Part II.)				
	(-) 0010	(h) 0010	(=) 2014	(d) 2015	(a) 0016	/4\ T-4-1
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	100 000	50,000.	252,000.	55,322.	000 272	1 265 604
include any "unusual grants.")	100,000.	50,000.	252,000.	33,344.	808,372.	1,265,694.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,926,189.	13,977,202.	14,571,071.	15,903,896.	17,943,658.	75,322,016.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf]					
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	13,026,189.	14,027,202.	14,823,071.	15,959,218.	18,752,030.	76,587,710.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
b Amounts included on ilnes 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						0.
c Add lines 7a and 7b						- 0 .
8 Public support. (Subtract line 7c from line 6.)			<u> </u>			76,587,710.
Section B. Total Support	l					70,307,120.
Calendar year (or fiscal year beginning in)	(a) 2010	/h) 0010	(a) 2014	(d) 2015	(2) 2016	(f) Total
. , , , , , , , , , , , , , , , , , , ,	(a) 2012 13,026,189.	(b) 2013 14,027,202.	(c) 2014 14,823,071.	(d) 2015 15,959,218.	(e) 2016 18,752,030.	(f) Total 76,587,710.
9 Amounts from line 6 10a Gross Income from interest,	13,020,105.	14,021,202.	14,025,071.	13,555,210.	10,732,030.	70,307,710.
dividends, payments received on securities loans, rents, royalties and income from similar sources	1,198.	1,208.	1,061.	2,630.	6,686.	12,783.
b Unrelated business taxable income				-		
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,198.	1,208.	1,061.	2,630.	6,686.	12,783.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital				127,610.		127,610.
assets (Explain in Part VI.)	13,027,387.	14,028,410,	14,824,132.	16,089,458.	18,758,716.	76,728,103.
13 Total support. (Add lines 9, 10c, 11, and 12)			· · · · · · · · · · · · · · · · · · ·		<u> </u>	
14 First five years. If the Form 990 is fo	r the organization's	i iirst, second, tnire	o, rourtn, or ππη τε	ix year as a section	n 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Publ	is Support Do				· ·	
		<u></u>				99.82 %
15 Public support percentage for 2016 (,	•	olumn (f))		15	~~~
16 Public support percentage from 2015				· ·	16	99.80 %
Section D. Computation of Inve			10 1 (0)			.02 %
17 Investment income percentage for 20			e 13, column (f))		17	0.1
18 Investment income percentage from					18	.01 %
19a 33 1/3% support tests - 2016. If the	=					
more than 33 1/3%, check this box a b 33 1/3% support tests - 2015. If the	•					▶ Ϫ
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nızatıon qualifies a	as a publicly suppo	orted organization	. ▶⊑
20 Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	ils box and see ins	tructions .	. ▶□

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 12b 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 Organization
--

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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)? If "Yes," describe in Part VI when and how the organization made the determination 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c 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)? If "Yes," explain in Part VI 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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5с 6 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? If "Yes," provide detail in Part VI. 6 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Dld the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a 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))? If "Yes," provide detail in Part VI. 9a 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? If "Yes," provide detail in Part VI. 9b c 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? If "Yes," provide detail in Part VI. 9с 10a 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)? If "Yes," answer 10b below 10a

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

04-3286718 Page 5 Schedule A (Form 990 or 990-EZ) 2016 Foundation, Inc. Part IV Supporting Organizations (continued) Yes Nο 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 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? 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. 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? 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. Section C. Type II Supporting Organizations Yes Nο 1 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)? 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). Section D. All Type III Supporting Organizations Yes No 1 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? 1 2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). ☐ The organization satisfied the Activities Test. Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below b I The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Yes No 2 Activities Test, Answer (a) and (b) below. a 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? 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 2a 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? 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. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a 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? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

04-3286718 Page 6 Schedule A (Form 990 or 990 EZ) 2016 Foundation, Inc. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recovenes of prior-year distributions 2 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990 EZ) 2016 Foundation, Inc. 04-3286718 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Current Year** Section D - Distributions 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 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount **(i)** (ii) Underdistributions Distributable **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: 3 b c From 2013 ·· ;-- - - d From 2014 e From 2015 . ---Total of lines 3a through e . . . g Applied to underdistributions of pnor years J == 16.56.5 h Applied to 2016 distributable amount · ; i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3ı from 3f. Distributions for 2016 from Section D, (SIN) a Applied to underdistributions of prior years 23287 5 W b Applied to 2016 distributable amount 13 5 2 6 16 14. 3/2 2/2 c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years pnor to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3 and 4c 8 Breakdown of line 7: ٠, 165 --

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013 c Excess from 2014 d Excess from 2015

e Excess from 2016

Schedule A	(Form 990 or 990-E	<u>z) 2016 Found</u>	ation,	Inc.				04-3286718	Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	Information. P lines 1, 2, 3b, 3c, 4 tion D, lines 2 and 3 6, and 8; and Part	Provide the ex b, 4c, 5a, 6, 3, Part IV, Se V, Section E,	oplanations re 9a, 9b, 9c, 1 ction E, lines lines 2, 5, ar	equired by Par 1a, 11b, and 1 1c, 2a, 2b, 3a nd 6. Also com	rt II, line 10; Part I i1c; Part IV, Secti a, and 3b; Part V, aplete this part for	I, line 17a or ion B, lines 1 line 1, Part V, r any addition	17b, Part III, line 12; and 2, Part IV, Section Section B, line 1e, Pa al information.	n C, art V,
	(See instructions.)						·		
									
	<u>_</u> _						. <u> </u>		
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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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Boston Plastic and Oral Surgery

Emplo 116 Open to Public Inspection

Name of the organization Foundation, Inc. Employer identification number 04-3286718

OMB No 1545-0047

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, Iir	ne 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 advi	sed funds						
	are the organization's property, subject to the organization's		Yes No						
6	Did the organization inform all grantees, donors, and donor a		used only						
	for charitable purposes and not for the benefit of the donor								
	impermissible private benefit?		Yes No						
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).							
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically 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 quali	ified conservation contribution in the form	of a conservation easement on the last						
	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c						
d	d Number of conservation easements included in (c) acquired after 8/17/06, 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 ea	asement is located >							
5	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements		Yes No						
6	and the second s								
	>								
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year						
	▶ \$								
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	F1						
	and section 170(h)(4)(B)(ii)?		. L Yes L No						
9	In Part XIII, describe how the organization reports conservation								
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for						
	conservation easements.								
Pa	t.III. Organizations Maintaining Collections of		otner Similar Assets.						
	Complete if the organization answered "Yes" on Form	Market Control of the							
1a	If the organization elected, as permitted under SFAS 116 (A								
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that descri								
b	If the organization elected, as permitted under SFAS 116 (A								
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pi	ublic 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 tre		al gain, provide						
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:							
	Revenue included on Form 990, Part VIII, line 1		. • \$						
h	Assets included in Form 990, Part X		▶ \$						

Boston Plastic and Oral Surgery Foundation. Inc.

Sche	edule D (Form 990) 2016 Foundat	ion, Inc.	d Oldl Dal	.90-1		(4-32	86718	Page 2
_	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)								
3									
•	(check all that apply):								
а	Public exhibition	c	I 🔲 Loan or exc	change program	ns				
b	b Scholarly research e Other								
С	c Preservation for future generations								
4	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 of	or receive donations	of art, historical trea	sures, or other	sımılar as	ssets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Ye	es" on Fo	rm 990	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.	<u>. — . </u>						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other asse	ets not inc	cluded			_
	on Form 990, Part X?	-						Yes L	l No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
¢	Beginning balance					1c			
d	Additions during the year					1d		_	
е	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial accoun	nt liability	?		ا_ Yes	No ∟
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV					
		(a) Current year	(b) Prior year	(c) Two years b			ars back	(e) Four yea	
1a	Beginning of year balance	355,322. 350,000. 250,000. 550,143. 700,000.							
b	Contributions	50,000. 55,322. 252,000. 50,000. 100,000.							
C	Net investment earnings, gains, and losses								
d	Grants or scholarships						_		
е	Other expenditures for facilities				ĺ		ì		
	and programs	50,000.	50,000.	152,0	000.	35	0,143.	24:	9,857.
f	Administrative expenses			 	_				
g	End of year balance	355,322.	355,322.	350,0	000.	25	0,000.	55	0,143.
2	0,0								
а									
C	c Temporarily restricted endowment ► 100.00%								
	The percentages on lines 2a, 2b, and 2c should equal 100%.								
3а	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by Yes No								
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations		•				-	3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requi	red on Schedule R7			-		3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t:VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, P	art X, line	e 10.			
	Description of property	(a) Cost or o		or other	(c) Accu		1	(d) Book va	lue
		basis (investr	nent) basis	(other)	depre	ciation	_	<u> </u>	
	Land			1 [10]			- -	400	<u> </u>
	Buildings		49	1,519.		8,93	4.	482,	282.
	Leasehold improvements			2 252		0 66	_		- 00
		<u></u>		2,253.	2	9,66	<u> </u>		588.
	Other			4,995.			. 	184,	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	(0c.)	_		▶ _	720,	T00.

Schedule D (Form 990) 2016 Foundation,	Inc.	04	-3286718 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 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	l-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		,	
(F)			
(G)			<u> </u>
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		· 1995年 - 1997年 - 1997年 - 1997	F1-14, 1 4 (A)
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, Irr	ne 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)			
			. <u> </u>
		<u> </u>	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		100 m 100 m	2442,
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Due from Boston Children			13,509
(2) Malpractice claims receiv	able		574,144
(3) Other receivables			825
(4) Due from Physicians' Orga		7	53,430
(5) Due from Children's Ortho			1,549
(6) Due from Children's Urolo		tion	2,298
(7) Prepaid defined benefit p	lan		917,404
(8)			
(9)	- 45)		1,563,159
Total. (Column (b) must equal Form 990, Part X, col (B) line	<u>a 15.) </u>	<u></u>	1,363,139
Part X Other Liabilities.	5 000 B+ N/ I	- 44 446 O - Farm 000 Bart V Han 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, III	(b) Book value	
		(b) Book Value	
(1) Federal income taxes	Hognital .	1 922 952	
(2) Due to Boston Children's (3) Due to Physicians' Organi		1,922,952.	
(4) Deferred compensation pla		1,528,372.	
(5) Accrued defined contribut		27,775.	
(6) Accrued professional liab		841,093.	
(D) VOCTOCO DICTESSIONAT TION		ママニチソフラ (記念) 彼 (4) (4) (4) (4)	the state of the s

4,727,347. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 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

(7) Due to Boston Pediatric (8) Neurosurgical Fdn.

04-3286718 Page 4 Foundation, Inc. Schedule D (Form 990) 2016 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. 19,631,842. 1 * Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 873,126. d Other (Describe in Part XIII.) 2d 873,126. e Add lines 2a through 2d 18,758,716. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4h c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 18.758 716. 5 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. Total expenses and losses per audited financial statements 21,922,419. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 21,922,419. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 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 Part V, line 4: The restricted funds represent assets held in trust that are available for physician recruitment and Global Health Care whose use has been restricted by donors to a specific time period or purpose. Part X, Line 2: The Foundation is a tax-exempt corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code), and is exempt from federal income taxes on related income pursuant to Section 501(a) of the In addition, the Foundation qualifies for the charitable Code. contribution deduction under Section 170(b)(1)(A), and has been classified as an organization that is not a private foundation under Section

632054 08-29-16

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)
509(a)(2). Tax-exempt organizations could be required to record an .
obligation for income taxes as the result of a tax position they have
historically taken on various tax exposure items, including unrelated
business income or tax status. Management of the Foundation has evaluated
the positions taken on the Foundation's filed tax returns and has
concluded that no uncertain income tax positions exist at June 30, 2017.
The Foundation's tax years from 2014 through 2017 are potentially subject
to examination.
Part XI, Line 2d - Other Adjustments:
Pension adjustment 873,126.

SCHEDULE I (Form 990) Department of the Treasury

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.

ZU ID

OMB No. 1545-0047

2 [] Schedule I (Form 990) (2016) Employer identification number 04-3286718 Inspection (h) Purpose of grant or assistance X Yes Seneral support 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 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 (g) Description of noncash assistance Y/A ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) O.N/A (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 4,215,803 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Boston Plastic and Oral Surgery (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 04-2774441 Foundation, Inc. General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Boston Children's Hospital or government Name of the organization 300 Longwood Avenue Boston, MA 02115 Internal Revenue Service Part I 2 Desc

Page 2

04 - 3286718

Schedule | (Form 990) (2016) Foundation, Inc.

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. Partill

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (the Foundation) through oversight of the terms and conditions of a written Monitoring is provided by Boston Plastic and Oral Surgery Foundation, Inc. 2017, Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Multiyear agreements require yearly progress and financial reports for continuation of funding. During the year ended June 30, the Foundation only provided grant donations to other 501(c)(3)(d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part I, Line 2: organizations. agreement.

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

2016
Open to Public

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Boston Plastic and Oral Surgery Foundation, Inc.

Employer identification number 04-3286718

Yes Nο 1a 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on 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 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 4 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 a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 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 5a a The organization? 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 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 6a a The organization? 6b · b Any related organization? If "Yes" on line 6a or 6b, describe in Part III ź 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958 6(c)?

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

Schedule J (Form 990) 2016

Foundation, Inc.

Schedule J (Form 990) 2016 Foundation, Inc. 04–3286718

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	omer deferred compensation	Superior	(a)-(i)(a)	n column (b) reported as deferred on pnor Form 990
(1) John G. Meara, MD	3	630,393.	250,00	21,522.	55,935.	45,189.	1,003,039.	0
President	(i)	•0		l ≀				0
(2) Brian I, Labow, MD	(1)	502,233.	500,00	44,106.	55,93	13,378.	1,115,65	0
Vice President	(ii)							0
(3) Bonnie L. Padwa, MD	ε	505,793.	425,00	44,058.	16,65	24,059.	1,075,56	0.
Secretary/Clerk	Ξ	0		0		0.		0.
(4) Ronald Heald	€			.0	18,	0	18,	0.
Treasurer	Ξ	179,223.		i I	53,		232,	0
(5) Cory M. Resnick, MD	Ξ	366,369.	350,00	58,058.	23,00	39,761.	867,188.	.0
Physician	Ξ							0
(6) Amir H. Taghınıa, MD	Ξ	351,704.	225,00	36,936.	.696,79	12,667.	694,276.	0.
Physician	≘							0
(7) Arin K. Greene, MD	€	415,	150,00	38,016.	68,26	51,848.	723,309.	0
Physician	Ξ							0.
(8) John B. Mulliken, MD	Ξ	519,863.		20,058.	56,33	95,084.	691,33	
Physician	Œ			0.				
(9) Carolyn Rogers-Vizena, MD	ε	304,	150,00	38,000.	53,00	44,303.	589,68	0
Physician	Ξ		0	0.	0.	0.	0.	0.
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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 aren't listed on Form 990, Part VII.

04-3286718

Page 3

Schedule J (Form 990) 2016

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.

Part I, Line la:
1 (37.1
payments, long-term disability insurance, and life insurance. These
payments are included as taxable wages during the year. All permanent
full-time employees of the Foundation are eligible for the gross-up
payments.
Part I, Line 7:
Bonus compensation amounts are determined by the President of Boston
performance and are determined in a meeting between the Chief and the
recipient, incorporating research activity, clinical performance, and if
applicable, other practice or department related activity. The amounts are
discretionary.
Schedule J (Form 990) 2016

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Name of the or			lastic an	d C	ral	Surgery				_	ridenti		on nu	mber	
Part I E				01(c)(3	3), sect	on 501(c)(4), and 50	11(c)(29) or	ganızatior	ns only	/).					
C	omplete if the c	rganization an	swered "Yes" on	Form 9	990, P	art IV, line 25a or 25b	o, or Form	990-EZ, P	art V,	line 40)b.				
1 (a) Name	of disqualified p	erson (b)	Relationship bety			lified (c	e) Descripti	on of tran	sactio	ın			(d) Corrected?		
		-	person and or	ganiza	ation	, ,	,			-		<u> </u>	8 5	No	
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section 49	958		organization man		-	qualified persons du	ring the ye	ar under		➤ \$ ➤ \$					
o Lintor and	anount of tax,	,	, 45510, 151115415			94				•					
Part II	oans to and	or From Ir	iterested Per	sons											
c	omplete if the c	organization an	swered "Yes" on	Form 9	990-EZ	, Part V, line 38a or f	Form 990, I	Part IV, lir	ie 26;	or if th	ne orga	ınızati	on		
re	ported an amo	unt on Form 99	0, Part X, line 5, 6								VEX AN	Troviac			
	ame of	(b) Relationship		fron	oan to or n the	(e) Original	(f) Balan	ce due	(g) In default?		by boar				
intereste	ed person	with organizatio	n of loan		ization?	principal amount					cómm		<u> </u>	_	
Com: M	Boaniak	Dhyraiai	aPhysicia		From X	100,000.	40	,000.	Yes	No X	Yes	No	Yes	No	
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			swered "Yes" on			1		/dl Typo	of			Dur	ose o		
(a) Name	e of interested p	person	(b) Relationship interested pers the organiza	son an		(c) Amount of assistance		(d) Type assistan				assist		'	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Schedule F (Form 990 or 990 EZ) 2016 F O UI	idation, inc.	
Part IV. Business Transactions Inv	olving Interested Persons.	
0 11 50 0	LD4 II E 000 D LB4 II- 00- 001	00-

(a) Name of interested person	son (b) Relationship between interested person and the organization transaction (d) Description of person and the organization (e) Sharing organization (e) Sharing organization (e) Sharing organization (e) Sharing organization (e) Sharing organization (e) Sharing organization (e) Sharing organization (figure 1) (figure 2) (figur									
Yes No										
				 						
Part V Supplemental Information	<u> </u>		·							
Provide additional information for response	onses to questions on Schedule L (see	instructions).								
Schedule L, Part II, Loans	To and From Intere	sted Person	ng:							
benedate 1, 1410 11, 204115	10 4114 11011 111011	5000 101501								
(a) Name of Person: Cory M	. Resnick, MD									
(b) Relationship with Orga	nization: Physician									
(c) Purpose of Loan: Physician Recruitment										
(c) rarpose or hour. Injurition rectarement										
(a) Name of Person: Carolyn Rogers-Vizena, MD										
(b) Relationship with Orga	nization: Physician				_					
(c) Purpose of Loan: Physician Recruitment										
(c) Purpose of Loan: Physician Recruitment										
										
Schedule L, Part II:										
		/ h h = 7 =								
Boston Plastic and Oral Su	rgery Foundation, 1	nc. (the Fo	oundation) n	as						
provided qualified non-int	erest bearing housi	ng recruitm	ment loans t	.0						
two newly recruited physic	ian employees. Thes	e loans wer	re for \$100,	000						
each and are to be forgive	n over five years i	t the physi	cian empioy	ees						
remain employed at the Fou	ndation or its affi	liates. Th	e funds for	the						
loans to the Foundation em	ployees were from to	emporarily	restricted	net						
assets donated by the Hosp	ital to the Foundat	ion. The c	outstanding							
balance on the loans was \$				al						
balances due are: \$40,000	in 2018 and 2019, a	nd \$20,000	in 2020.							

SCHEDULE O (Form 990 or 990-EZ)

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.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Boston Plastic and Oral Surgery Emplo
Foundation, Inc. 04

Employer identification number 04-3286718

Form 990, Part I, Line 1, Description of Organization Mission:

educational services to Boston Children's Hospital and Harvard Medical

School. The Foundation also provides care for patients in need of

plastic or oral surgery, regardless of their ability to pay, as well as

providing and supporting hospital and community based services that are

limited elsewhere in the community.

Form 990, Part III, Line 1, Description of Organization Mission:

provide multidisciplinary care for a variety of diagnoses including

breast disorders, craniofacial anomalies, congenital hand anomalies,

vascular malformations, and cleft lip and palate.

Form 990, Part VI, Section A, line 1:

A majority of Boston Plastic and Oral Surgery Foundation, Inc.'s (the Foundation's) board members are physicians who are not independent from the Foundation. However, the Foundation participates in an integrated delivery system with Boston Children's Hospital (the Hospital) which does have a community board. The Foundation was organized in 1995. At that time, the board was composed entirely of physicians, a board structure that was approved by the Internal Revenue Service. The Foundation has since adjusted the board structure to make it more responsive to the Hospital by adding the Physicians' Organization at Children's Hospital, Inc. (the PO) as a member. See Schedule O, Part VI, Questions 3, 6, 7b, and 12 for more details on the PO's rights.

The Physicians' Organization at Children's Hospital, Inc. (the PO) is a Class "C" member of Boston Plastic and Oral Surgery Foundation, Inc. (the Foundation). The PO is responsible for providing management services to the Foundation. The PO has the power to approve the independent auditor and legal counsel of the Foundation from a list of firms mutually agreed to by the PO and the Foundation. The PO also has the right to review, but not to approve, the annual budgets and by-law changes of the Foundation.

Lastly, Boston Children's Hospital has the right to review for compliance with applicable laws, the general terms of and any modification to physician compensation and benefit plans for all physician employees of the Foundation.

Form 990, Part VI, Section A, line 6:

The Boston Plastic and Oral Surgery Foundation, Inc. (the Foundation) has three classes of members. The Chief of the Department of Plastic and Oral Surgery (the Department) of Boston Children's Hospital (the Hospital) is the Class "A" member. Any member of the Department (other than the Chief) who holds a medical staff appointment from the Hospital, a full-time faculty appointment from Harvard Medical School, and who is geographically full-time at the Hospital shall be a Class "B" member. Upon the recommendation from the Chief and with the approval of the President of the Hospital, exceptions may be made to permit other physicians who are members of the Foundation to be Class "B" members. The Physicians' Organization at Children's Hospital, Inc. is a Class "C" member of the Foundation.

Form 990, Part VI, Section A, line 7a:

According to the Articles of Organization, the Class "A" member is the

Chief of the Department of Plastic and Oral Surgery (the Department) of

Schedule O (Form 990 or 990-EZ) (2016)

Boston Children's Hospital (the Hospital). Any member of the Department who holds a medical staff appointment in plastic and oral surgery at the Hospital, a full-time faculty appointment from Harvard Medical School, and who is geographically full-time at the Hospital shall be a Class "B" member. Class "A" and "B" members hold their membership as long as they remain qualified for membership. Only Class "A" and "B" members may: 1) vote in annual meetings or other elections; 2) serve on Boston Plastic and Oral Surgery Foundation Inc.'s Board; or 3) nominate candidates for election to the Board.

Form 990, Part VI, Section A, line 7b:

The Physicians' Organization at Children's Hospital, Inc. (the PO) is a Class "C" member of Boston Plastic and Oral Surgery Foundation, Inc. (the Foundation). The PO is responsible for providing management services to the Foundation. The PO has the power to approve the independent auditor and legal counsel of the Foundation from a list of firms mutually agreed to by the PO and the Foundation. The PO also has the right to review, but not to approve, the annual budgets and by-law changes of the Foundation.

Lastly, Boston Children's Hospital has the right to review for compliance with applicable laws, the general terms of and any modification to physician compensation and benefit plans for all physician employees of the Foundation. As a Class "C" member of the Foundation, the PO attends the Foundation's annual meeting.

Form 990, Part VI, Section B, line 11b:

The detailed review will be conducted by the President of the Foundation,

John G. Meara, MD and the Treasurer, Ronald Heald. A copy of the Form 990

will be provided to the Board prior to filing. The detailed review will be

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization Boston Plastic and Oral Surgery Foundation, Inc.

Employer identification number 04-3286718

conducted before filing the return with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

The Physicians' Organization at Children's Hospital, Inc. (the PO) and Boston Children's Hospital (the Hospital) administer an annual conflict of interest disclosure process to all of its member Foundations, which asks physicians (officers, top management, and highly compensated employees) and selected Foundation staff to disclose potential conflicts. A disclosure statement will be circulated annually to members of the PO. The audit committee shall determine those individuals (including medical staff members) who shall be required to complete the disclosure statement. PO audit committee, at its discretion, may either: 1) refer any or all statements to the Board of Directors; 2) appoint an ad hoc committee to review and resolve any conflict of interest issues; or 3) review and resolve any conflict of interest personally or through a designee(s). person not receiving a disclosure statement has an affirmative obligation to disclose to the PO President, PO General Counsel, or their supervisor whenever he/she believes he/she has or may have a conflict of interest. Similarly, each person completing a disclosure statement has an affirmative obligation to update the statement any time circumstances change and/or he/she believes that a conflict of interest may exist. In the event a conflict of interest is found to exist, the Foundation prohibits the member from voting on any matter to which the conflict relates or otherwise influence the voting on such matter.

Form 990, Part VI, Section B, Line 15:

All the physicians (top management, officers, and highly compensated individuals) fall under compensation guidelines determined by Harvard

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

2016	Open to Publi

OMB No 1545-0047

when to Public Employer identification number 04-3286718

Boston Plastic and Oral Surgery Foundation, Inc. Part I Jentification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Name of the organization

(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	
Partili: 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.	ations. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34 be	cause it had one	or more related tax-exer	npt	
(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	(f) Direct controlling entity	(2) 18 18 18 18 18 18 18 18 18 18 18 18 18	(b)(13) ed ?
Boston Children's Hospital - 04-2774441 300 Longwood Avenue Boston MA 02115	Hospital	Massachusetta	100(0)(3)	, out.	a / N	Les	NO NO
ans' 1, In Bost	Management Services			12c,	N/A		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2016	Form 990)	2016

Boston Plastic and Oral Surgery Foundation, Inc.

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Page 2

04-3286718

Schedule R (Form 990) 2016

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. Part III

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(a)	(Q)	છ	9	(e)	E	(B)	<u> </u>		€	9	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Direct controlling Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	onate ar	Code V-UBI amount in box	Seneral or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		docto	Yes	No K	1 (Form 1065)	YesNo	
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	•										

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. Part IV.

tega domicile Direct controlling Type of entity (State or forting country) country) or trust)	(a)		(2)	(p)	(e)	ω)		(u)	Sec (_5
Ves	ddress, and EIN ed organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income		Percentage ownership	512(b) contro entith	(13) sled y?
			country)		(lenii lo		433613		Yes	N _o
					5				-	}
		_								

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Boston Plastic and Oral Surgery Schedule R (Form 990) 2016 Foundation, Inc.

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.		-	<u> </u>		S 1.1	Kes	2
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-10?	s with one or more rei	ated organizations listed	in Parts II-IV?				
			•		<u>a</u>	_	4
 Gift, grant, or capital contribution to related organization(s) 					9	×	
c Gift, grant, or capital contribution from related organization(s)	•	•			9	×	
d Loans or loan organises to or for related organization(s)					=	L	×
		. :		•			þ
 Loans or loan guarantees by related organization(s) 	•		•		ခု	,	٩
					` ;	-	(a)
f Dividends from related organization(s)					*	: 	×
	•						>
g Sale of assets to related organization(s)	:	:			5		4
h Purchase of assets from related organization(s)	•				ŧ		×
i Exchange of assets with related organization(s)	,				=		×
i lease of facilities equinoment or other assets to related organization(s)					÷		×
ן בנתסים כן ובמווונסט בקבוף ויבוד, כן כוויסן במספרם כן כותיכם כן פון הדבונסין כן	•)·	
						:	
k Lease of facilities, equipment, or other assets from related organization(s)	:		•	:	¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)		•	•	=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)				=		×
	(2)		•	•	;	×	L
n sharing of facilities, equipment, mailing lists, of other assets with related organization(s)	on(s)		•		=	1	1
 Sharing of paid employees with related organization(s) 					£	×	
					3	,	
a Dombingoment point to related presentation(s) for synances					÷ ÷	<u>`</u> ×	- - - - - -
				•	<u>-</u>	: >	1
 Reimbursement paid by related organization(s) for expenses 					2	∢	
					?!	•	- 1 - 1
r Other transfer of cash or property to related organization(s)					+		×
			:		4		×
_					2		
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	who must complete th	is line, including covered	relationships and tran	saction thresholds			1
(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) Method of determining amount involved	involved		
	type (a-s)			•			
(1)							
(2)							
							1
(3)							
(4)							
(5)							
(9)							
31 30 00 031003				Schodul	A D (CA)	00	900 000

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Boston Plastic and Oral Surgery Foundation, Inc.

Schedule R (Form 990) 2016 Foundation, In

Part IT Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

ingt was not a retated organization. See instructions regarding excusion for certain investment partnerships.	structions regarding excit	Sion for certain inv	estment partnersnips.	}	l					
(a)	(q)	(၁)	ව	(e)		(6)	ε	€	9	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income pa (related, unrelated, 150)	5 partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	amount in box 20 managing ownership	General o	Percentage ownership
		country)	sections 512-514)	Yes No	_	assets	Yes No	(Form 1065)	Yes	
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Schedule R	(Form 990) 2016 Supplemental Info	Foundation, Inc.	04-3280/18 Page 5
1. Circ. Att.	Supplemental illioi	miation.	dana.
	Provide additional inform	nation for responses to questions on Schedule R. See instruct	lions.
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Schedule R (Form 990) 2016