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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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

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

C Name of organization
Children's Hospital Corporation

Doing Business As

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

City or town, state or country, and ZIP + 4
Boston, MA 02115

D Employer identification number
04-2774441

E Telephone number
(617) 355-6881

G Gross receipts $ 1,604,447,067

F Name and address of Principal Officer
David Kirshner
300 Longwood Avenue
Boston, MA 02115

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW CHILDRENSHOSPITAL ORG

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

L Year of Formation 1982

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provider of pediatric healthcare, education, research & community service

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	10,187
6	Total number of volunteers (estimate if necessary)	6	866
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	159,525
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-73,158

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	266,936,697	225,125,915
9	Program service revenue (Part VIII, line 2g)	993,846,287	1,091,531,647
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,308,509	13,803,252
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,261,585	18,270,864
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,295,353,078	1,348,731,678
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	117,409	3,683,657
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	577,597,202	653,070,751
16a	Professional fundraising fees (Part IX, column (A), line 11e)	170,282	1,722,000
b	(Total fundraising expenses, Part IX, column (D), line 25 21,046,158)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	586,500,279	595,724,968
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,164,385,172	1,254,201,376
19	Revenue less expenses Subtract line 18 from line 12	130,967,906	94,530,302

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	2,490,616,619	2,665,486,731
21	Total liabilities (Part X, line 26)	951,619,243	1,027,147,898
22	Net assets or fund balances Subtract line 21 from line 20	1,538,997,376	1,638,338,833

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer — Date: 2010-08-16

David Kirshner Treasurer
Type or print name and title

Paid Preparer's Use Only

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

Firm's name (or yours if self-employed), address, and ZIP + 4
Ernst & Young LLP
200 Clarendon Street
Boston, MA 021165072

EIN ▶

Phone no ▶ (617) 266-2000

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,131,455,433 including grants of $ 3,683,657) (Revenue $ 1,091,531,647)

CLINICAL CARE As one of the largest pediatric hospitals in the U S and the only freestanding pediatric hospital in Massachusetts, Children's provides access to safe, high quality healthcare services that meet the unique needs of children and their families, regardless of their ability to pay The range of services we offer - from well child visits and treatment for typical child health issues (broken bones, tonsillitis, etc) to chronic care (asthma, diabetes, obesity, etc) and specialty services (oncology, cardiology, neurology) - benefits from the high level of specialization of our experts, the collaboration with research scientists (many of whom are also physicians) affiliated with the hospital, and the significant investments in equipment, facilities and clinical and support staff In addition, our team has a deep commitment to setting the bar for quality and safety and exceeding the expectations of our patients' and their families' for service, undertaking significant investments in each of these areas On an annual basis, Children's sees 18,185 inpatients at our hospital, 63 inpatients at satellites, 377,721 outpatients, 59,319 patients in our community health clinic, Of these patients, more than 9% can be qualified as clinically complex, of these patients, more than 29% are considered low income Children's is the safety net institution for very sick children throughout the region, backing up the entire healthcare system for the most complex pediatric cases We receive referrals from community hospitals as well as from other academic medical centers Children's is the single largest provider of care to children enrolled in the Medicaid program, seeing approximately 30% of all pediatric Medicaid discharges statewide, including many of the sickest children Children's also provides clinical care for the largest number of uninsured children in the state, total free care and losses from Medicaid in FY 2009 were approximately $33 million Recognizing the difficulties community-based hospitals face in providing specialized pediatric care (which requires significant investments in staff, equipment and training), Children's has expanded its partnerships with community hospitals throughout Eastern Massachusetts With more than 60 physicians based at 7 community hospitals, we enhance the community's - and the state's - ability to provide access to emergency, neonatal, inpatient and outpatient specialty services for children Children's also operates three outpatient facilities in Waltham, Lexington and Peabody that offer specialized care in cardiology, gastroenterology, neurology, respiratory diseases, diabetes, orthopedic surgery, urology and other specialties Each year, Children's advances the quality of the clinical care it provides by recruiting talented new staff, investing in updated equipment and technology, undertaking safety/quality initiatives, supporting community health programs and ensuring that our facilities make the care process easier and more comfortable for all the patients and families we serve For example * Community Asthma Initiative (CAI) Improves Outcomes *Asthma is the leading cause of hospitalizations and Emergency Department (ED) visits at Children's CAI, provides Boston families from four urban zip codes with nurse case managers who coordinate primary and allergist care, home visits, including environmental assessment, pest management and asthma education, and connection to community resources Children's has invested $940,000 in this program over the course of the past 5 years Most of the children were from low-income, minority families on Medicaid CAI aims to improve the quality of life for children with asthma by reducing the number of asthma-related ED visits and hospital admissions Today, parent-reported data gathered before and after patient enrollment, indicate remarkably improved health outcomes In FY09, the numbers of ED visits were reduced by 65% and hospital admissions by 81% In addition, lost school days were reduced by 39% and parents' missed work days were reduced by 49% Case management was provided to 127 new patients and 441 overall * New Facilities Support Families *In 2009, Children's unveiled a new patient family home, The Yawkey Family Inn at Children's Ten million dollars was invested to create a home-away-from-home for patient families The Inn provides safe and convenient housing to help families focus on what's most important nursing their sick children back to good health The renovated home features 22 bedrooms, shared bathrooms, common areas, kitchen, dining area, playroom, garden as well as space for staff In addition, Children's is in the planning stages to expands its clinical space to reduce the number of shared patient rooms and accommodate the technology and clinical staff necessary to care for the children with increasingly complex clinical issues Single patient rooms also create an environment where it is easier and more comfortable for parents to be a constant presence and support to their child * Investments in Clinical Quality and Safety Initiatives *Children's is a world leader in improving pediatric clinical quality and safety - Built a Program for Patient Safety and Quality headed by a senior vice president/practicing physician and composed of over 30 clinicians, biostatisticians, risk managers, survey developers, health science researchers, data collectors and others who examine our practices, identify and/or establish quality benchmarks, study best practices in pediatric care across the country and develop processes for designing and implementing safety/quality initiatives - Implemented a full electronic clinical system, one of the first in a pediatric hospital that includes computerized physician order entry, charting, notes and medication administration records Implementing point-of-care bar coding technology across the inpatient units for medication administration and other processes of care - SCAMPs (Standardized Clinical Assessment and Management Plans) framework uses the best evidence to guide testing and treatment decisions, and the best judgment of practicing cardiologists to standardize care plans for many common clinical situations and to capture data to continually refine the process Children's and its doctors believe that the new framework will become the standard for quality improvement processes - how to create in real time widespread, continuous, data-driven quality improvement, including appropriate utilization and potential cost savings, and will quickly spread to other pediatric and adult care delivery * Cost Reduction *We seek to provide quality clinical services in a cost-sensitive manner For example - Driving down unit costs We worked across the entire institution to find efficiency and cost savings As a consequence, we estimate that we lowered our cost trend to 4% growth from FY09 to FY10, and are seeking to maintain that trend rate at or below 4% for the next several years - Reducing unnecessary utilization Partner with the state's largest insurers, including Medicaid, to develop an all-payor approach to pediatric quality standards, care integration strategies, and care delivery approaches We are spearheading the development of a complex measurement and care management system (SCAMPS) to eliminate unnecessary care while assuring that high quality care continues to be delivered - Delivering care in lower-cost, community settings We staff (but do not own or have financial ties with) seven community hospitals for emergency room, inpatient and/or NICU support We provide significant financial resources and technical assistance to 11 community health centers for their pediatrics programs This provides more access for children and families, maintains pediatric infrastructure, and allows for the development of innovative care-delivery partnerships We are now delivering over 200,000 patient visits a year outside the Longwood Medical area

4b (Code) (Expenses $ including grants of $) (Revenue $)

RESEARCH Children's believes we enhance the well-being of the children and families by being the leading source of research and discovery on child health issues, seeking new approaches to the prevention, diagnosis and treatment of childhood and adult diseases With over $225 million in annual funding and 800,000 square feet of space, Children's is home to the world's largest and most active research enterprise at a pediatric center The research mission of Children's encompasses basic research, clinical research, community service programs and the postdoctoral training of new scientists While the National Institute of Health (NIH)is our largest sponsor, Children's has made a significant investment in supporting the research activities with more than $15 million invested to support research programs in 2009 Our investigators hold numerous prestigious honors and awards, including many "research firsts " In our laboratories and clinics, hundreds of scientists seek to identify the factors that contribute to both childhood and adult diseases and to develop effective treatments for them Our investigators are Harvard Medical School faculty - basic scientists, clinical researchers, and epidemiologists - who are accelerating the pace of medical discovery from brainstorm to bench to bedside Our scientists are finding the genetic causes of autism, and in 2008 were the first to develop 10 new disease-based stem cell lines by reprogramming adult stem cells that can be used to study treatments for diseases ranging from Parkinson's to Diabetes They are creating new and successful medical and surgical treatments for short bowl syndrome that are being adopted across the world, pushing boundaries on successful treatment for childhood cancers by leading multicenter clinical trials for acute lymphoblastic leukemia, and lowering mortality rates for severe heart defects by introducing new non-invasive and surgical treatments Clinicians and researchers at Children's work collaboratively with colleagues throughout the medical community to translate basic science research into applications for clinical care These projects frequently have applications that go beyond the pediatrics to impact adult care as well For example * Hunting Down the Genetic Causes of Congenital Heart Disease While there is evidence that congenital heart disease can be caused by genetic mutations, many of the affected genes remain unknown In the effort to discover more genetic causes, Children's has joined with Brigham and Women's Hospital as part of the Bench to Bassinet Program, a six-year, $100 million collaboration to propel basic pediatric cardiac research toward clinical treatment Clinical geneticists and basic scientists are collecting DNA samples from pediatric heart patients to map the genetic program that directs heart development Patients undergo cardiac imaging to establish their disease phenotype while their samples undergo DNA sequencing and genomic analysis The data will be combined with data from the other Pediatric Cardiac Genomics Consortium institutions funded by the Program, including Yale, Mt Sinai School of Medicine, Columbia and Children's Hospital of Philadelphia * Long-lasting Nerve Block Could Change Pain Management Researchers at Children's have developed a slow-release anesthetic drug-delivery system that could potentially revolutionize treatment of pain during and after surgery, and may also have a large impact on chronic pain management Using specially designed fat-based particles called liposomes to package saxitoxin, a potent anesthetic, Children's researchers were able to produce long-lasting local anesthesia in rats without apparent toxicity to nerve or muscle cells A single injection that could produce a nerve block lasting days, weeks, maybe even months is useful for conditions like chronic pain, they offer an alternative to narcotics, which are systemic and pose a risk of addiction Previous attempts to develop slow-release anesthetics have not been successful due to the tendency for conventional anesthetics to cause toxicity to surrounding tissue Indeed, drug packaging materials have themselves been shown to cause tissue damage If saxitoxin is packaged within liposomes, it is able to block nerve transmission of pain without causing significant nerve or muscle damage Cell culture experiments and tissue analysis confirmed that the formulations were not toxic to muscle or nerve cells Furthermore, when the team examined expression of four genes known to be associated with nerve injury, they found no up-regulation If these long-acting, low-toxicity formulations of local anesthetics are shown to be effective in humans, they could have a major impact on the treatment of acute and chronic pain * A Urine Test for Appendicitis Appendicitis is the most common childhood surgical emergency, but the diagnosis can be challenging, especially in children, recent figures indicate that 3 to 30% of children have unnecessary appendectomies, while 30 to 45% of those diagnosed with appendicitis already have a ruptured appendix Now, emergency medicine physicians and scientists at Children's Proteomics Center demonstrate that a protein detectable in urine might serve as a "biomarker" for appendicitis Laboratory biomarkers have been identified, but none have proved reliable enough to be clinically useful Researchers led by Richard Bachur, MD, chief of emergency medicine at Children's, led a proteomics study using state-of-the-art mass spectrometry Although mass spectrometry isn't widely available clinically, urine LRG elevations were detected by immunoblotting, suggesting that a rapid clinical test, such as a urine dipstick, could be developed through further research * Catheter-Delivered Valve May Help People with Heart Defects Avoid Multiple Surgeries Children born with certain heart defects have impaired blood flow from the right ventricle to the pulmonary artery leading to the lungs, requiring implanted devices to maintain the flow These conduits fail over time, and children typically face multiple open-heart operations during their lives to reopen the passage Now, a prospective multicenter study led by Children's cardiologist Doff McElhinney, MD, finds good preliminary outcomes with a valve that can be delivered non-surgically-threaded up a leg vein to the heart-potentially avoiding the need for repeated open-heart operations The device, known as the Melody transcatheter pulmonary valve (Medtronic, Inc), received backing from the FDA in January, 2010 The study, the first prospective, multicenter study of the device, involved 34 children and young adults at Children's, Miami Children's Hospital and Morgan Stanley Children's Hospital whose existing right-ventricular outflow conduits were malfunctioning, causing blood to flow backward from the pulmonary artery into the right ventricle (known as pulmonary regurgitation) or obstruction of blood from the right ventricle to the lungs All patients underwent cardiac catheterization with the intention of implanting the artificial valve, and 30 of the 34 underwent actual implantation attempts, of which 29 were successful Three patients (9%) had complications during implantation, but all survived At follow-up six months later, no patient had more than mild pulmonary regurgitation Of 24 patients who had Class II or III heart failure (mild to moderate limitation of physical activity) before the procedure, 19 had improved by at least one functional class at six months, and no patient's function had declined Eight of the 29 devices developed partial fractures during follow-up, and 3 patients required a second Melody valve (inserted inside the first one) for recurrent blockage This study shows that the valve can be used safely and effectively These are early and short term data, but if the longer-term data are equally encouraging, this technology could have a major impact on the long-term health of our patients and their hearts Because the transcatheter valve can be implanted without the risks and morbidity of surgery, the threshold for intervening can be lowered, offering patients a chance at an improved quality of life, preserved heart function and fewer surgeries

4c (Code) (Expenses $ including grants of $) (Revenue $)

TEACHING Children's has the largest training program for pediatricians and pediatric subspecialist in the country Every year 400 of the country's best and brightest medical and surgical trainees come to Children's from around the world, more than half come from the top medical schools More importantly, these men and women are selected for their potential leadership in their respective fields and their commitment to advancing the frontiers of pediatric care In fact, a 24-year analysis of residents who have graduated from our Department of Medicine found that 44 percent go on to become leaders in academic medicine, including positions as deans, chairs and program heads across the country Over a third of the chiefs of pediatric departments across the country trained at Children's We train individuals at all parts of the care continuum, including medical students, interns, residents, fellow, nursing students, community pediatricians and continuing professional education for all of our clinical staff Children's offers the only training program in Massachusetts for Adolescent Medicine, Neurodevelopmental Disabilities, Pediatric Cardiology, Pediatric Hematology/Oncology, Pediatric Nephrology, Pediatric Pathology, Pediatric Surgery, Pediatric Sports Medicine, Pediatric UrologyChildren's offers the only training program in New England for Adolescent Medicine, Neurodevelopmental Disabilities, Pediatric Sports Medicine, Pediatric UrologyChildren's has the largest accredited training program in the country for Child Neurology, Pediatric Anesthesiology, Pediatric CardiologyIn addition, Pediatric Sports Medicine is one of only 9 accredited pediatric sports medicine programs in the country and Neurodevelopmental Disabilities is one of only 7 accredited neurodevelopmental disabilities programs in the country

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 1,131,455,433 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	741		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	3		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
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**	10,187		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country CJ , BD See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		**5c**		
6a	Did the organization solicit any contributions that were not tax deductible?		**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**	Yes	
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

David Kirshner Treasurer
300 Longwood Avenue
Boston, MA 02115
(617) 355-6881

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

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

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								12,349,209	3,448,948	3,399,092

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1,157

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CXO Communications 175 Forest Avenue Palo Alto, CA 94301	Marketing Consulting	1,797,296
Nixon Peabody LLP 100 Summer Street Boston, MA 02110	Legal Services	1,084,651
Goulston & Storrs 400 Atlantic Avenue Boston, MA 02110	Legal Services	998,468
Ropes & Gray 1 International Place Boston, MA 02110	Legal Services	885,500
Sanborn Head & Associates 1 Technology Park Drive Westford, MA 01886	Environmental Services	731,722

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 24

Part VIII Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	78,591				
	b	Membership dues					
	c	Fundraising events	2,265,269				
	d	Related organizations	712,000				
	e	Government grants (contributions)	135,834,184				
	f	All other contributions, gifts, grants, and similar amounts not included above	86,235,871				
	g	Noncash contributions included in lines 1a-1f $ 2,121,029					
	h	**Total (Add lines 1a-1f)**		225,125,915			
Program Service Revenue			Business Code				
	2a	Patient Svc Revenue	621,110	1,044,861,936	1,044,861,936		
	b	Prog Svc Grants	621,110	14,116,641	14,116,641		
	c	Prof Svc Revenue	621,110	6,936,702	6,936,702		
	d	Lab Rev	621,500	214,707		214,707	
	e						
	f	All other program service revenue		25,401,661	25,401,661		
	g	**Total. Add lines 2a-2f** ▶ $ 1,091,531,647					
	3	Investment income (including dividends, interest other similar amounts)		9,928,995		-55,182	9,984,177
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		1,485,187			1,485,187
			(i) Real / (ii) Personal				
	6a	Gross Rents	10,625,341 /				
	b	Less rental expenses	/				
	c	Rental income or (loss)	10,625,341 /				
	d	Net rental income or (loss)		10,625,341			10,625,341
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	258,348,484 / 339,947				
	b	Less cost or other basis and sales expenses	254,656,130 / 158,044				
	c	Gain or (loss)	3,692,354 / 181,903				
	d	Net gain or (loss)		3,874,257			3,874,257
Other Revenue	8a	Gross income from fundraising events (not including $ 344,995 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	2,265,269				
	b	Less direct expenses	856,548				
	c	Net income or (loss) from fundraising events		-511,553			-511,553
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	427,370				
	b	Less direct expenses	44,667				
	c	Net income or (loss) from gaming activities		382,703			382,703
	10a	Gross sales of inventory, less returns and allowances					
	b	Less cost of goods sold					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Cafeteria Sales	722,210	4,348,824			4,348,824
	b	Other General Services	900,099	1,268,116			1,268,116
	c	EE Parking	812,930	672,246			672,246
	d	All other revenue					
	e	**Total. Add lines 11a-11d** $ 6,289,186					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,348,731,678	1,091,316,940	159,525	32,129,298

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,725,065	2,725,065		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	958,592	958,592		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	13,230,972	913,958	11,494,524	822,490
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	498,890,716	447,631,526		9,033,498
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,879,335	39,256,203	3,703,091	920,041
9	Other employee benefits	46,721,069	41,804,475	3,943,473	973,121
10	Payroll taxes	50,348,659	45,043,916	4,249,054	1,055,689
11	Fees for services (non-employees)				
a	Management	7,417,552		7,417,552	
b	Legal	1,937,391		1,910,221	27,170
c	Accounting	1,160,447		1,160,447	
d	Lobbying	562,418	562,418		
e	Professional fundraising *See Part IV, line 17* . .	1,722,000			1,722,000
f	Investment management fees				
g	Other	149,630,789	135,099,586	12,744,128	1,787,075
12	Advertising and promotion	1,795,299	1,360,426	115,090	319,783
13	Office expenses	69,234,113	61,242,130	5,181,005	2,810,978
14	Information technology	28,128,743	25,780,968	2,181,036	166,739
15	Royalties . .				
16	Occupancy	57,592,360	52,321,466	4,426,328	844,566
17	Travel	3,523,883	3,173,406	299,352	51,125
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,265,833	1,105,223	104,257	56,353
20	Interest	20,240,535	20,240,535		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	89,406,151	88,950,621		455,530
23	Insurance	6,981,224	6,436,689	544,535	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Lab/Medical/Pharmacy	117,403,046	117,403,046		
b	Uncollectible Accts	20,572,311	20,572,311		
c	Uncompensated Care	12,201,458	12,201,458		
d	Free Care	6,564,415	6,564,415		
e	UBIT Estimated Tax Pymt	107,000	107,000		
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	1,254,201,376	1,131,455,433	101,699,785	21,046,158
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	513,566	2	371,765
	3	Pledges and grants receivable, net	21,522,657	3	20,480,192
	4	Accounts receivable, net	131,965,942	4	152,512,453
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*	6,923,476	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,144,942	8	6,632,129
	9	Prepaid expenses and deferred charges	2,873,629	9	4,129,856
	10a	Land, buildings, and equipment cost basis — 10a: 1,554,188,915			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 834,785,132	733,682,391	10c	719,403,783
	11	Investments—publicly traded securities	480,562,873	11	192,764,538
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	314,380,893
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	1,106,427,143	15	1,254,811,122
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	2,490,616,619	16	2,665,486,731
Liabilities	17	Accounts payable and accrued expenses	189,407,024	17	209,116,106
	18	Grants payable		18	
	19	Deferred revenue	18,555,416	19	27,103,390
	20	Tax-exempt bond liabilities	339,325,000	20	339,325,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	200,000,000	23	200,000,000
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	204,331,803	25	251,603,402
	26	**Total liabilities.** *Add lines 17 through 25*	951,619,243	26	1,027,147,898
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	951,528,034	27	1,002,631,062
	28	Temporarily restricted net assets	321,370,619	28	346,172,973
	29	Permanently restricted net assets	266,098,723	29	289,534,798
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,538,997,376	33	1,638,338,833
	34	Total liabilities and net assets/fund balances	2,490,616,619	34	2,665,486,731

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

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

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

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

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

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

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

Public Support

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

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

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

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

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

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

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

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Children's Hospital Corporation	04-2774441

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		94,694
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		134,948
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		332,776
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			562,418
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		Children's Hospital is a section 501(c)(3) organization whose mission is fourfold - to provide the best possible pediatric health care, combining compassion with advanced technical capabilities, to be the leading source of research and discovery, seeking new approaches to the prevention, diagnosis, and treatment of childhood diseases, to educate the next generation of leadership in child health care, and to provide education and healthcare services to the community In fulfillment of the above mission, the Hospital advocates on behalf of children and the providers who care for them at the State and Federal levels Professional staff in the Hospital's Office of Government Relations direct these activities and coordinate the work of other Hospital staff who support the advocacy efforts on an intermittent basis The Hospital has also sent correspondence to and met directly with State and local legislators and officials The Hospital has also utilized a grassroots network of employees and friends to advocate on behalf of children's health issues In Fiscal Year 2009, four Office of Government Relations staff members registered with the State as lobbyists, dedicating a portion of their time to lobbying activities Two Office of Government Relations staff members registered as a lobbyist at the Federal level The Hospital utilized the services of three outside consultants in Fiscal Year 2009 in both the Massachusetts General Court and the U S Congress These consultants, on behalf of the Hospital, prepared written materials which are distributed to officials and met with elected and appointed officials The following is a detailed list of lobbying expenses incurred Laurie Cammisa Registered Lobbyist Children's Hospital staff $30,000 Josh Greenberg Registered Lobbyist Children's Hospital staff $181,938 Lisa Mannix Registered Lobbyist Children's Hospital staff $44,625 Amy DeLong Registered Lobbyist Children's Hospital staff $14,613 Ann Langley Consultant Health Policy Strategies 728 Battery Place, Alexandria, VA 22314 $21,600 Michael Spivey Consultant Spivey Harris Health Policy Group 1767 P Street Northwest, Washington, D C 20036 $5,000 Joe Grant Consultant Grant Associates 130 Bowdoin Street - Suite 1706, Boston, MA 02108 $35,000 Total Lobbyist/Consultant Expenses = $332,776 Expenses Incurred by the Office of Government Relations for Lobbying Activities = $94,694 Grant to Nat'l Assoc of Children's Hospitals for GME - Related Lobbying Expense = $134,948 TOTAL LOBBYING EXPENSES = $562,418 In addition to Children's Hospital Corporation's direct and listed lobbying expenses, Children's Hospital Corporation pays dues to certain membership organizations, a piece of which may be used by such organizations for lobbying activities on behalf of this institution and other similarly situated organizations Total direct and indirect lobbying expenditures were minimal and not substantial based on revenues

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	446,887,000				
b Contributions	22,139,000				
c Investment earnings or losses	25,362,000				
d Grants or scholarships					
e Other expenditures for facilities and programs	19,944,000				
f Administrative expenses					
g End of year balance	474,444,000				

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 60 000 %
- c Term endowment ▶ 40 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		399,348		399,348
b Buildings		1,052,754,802	511,297,682	541,457,120
c Leasehold improvements				
d Equipment		463,115,280	317,847,285	145,267,995
e Other		37,919,485	5,640,165	32,279,320
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				719,403,783

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other See Additional Data		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	314,380,893	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Assets Whose Use is Limited Salary & Other Benefits	9,552,173
Assets Whose Use is Limited Under LT Debt Agreements	608,906
Assets Whose Use is Limited Nuclear Regulatory Commission Escrow	1,137,689
Assets Whose Use is Limited Externally Managed Trusts	39,167,413
Unamortized Bond Issuance Fees	8,218,980
Net Pledges Receivable	72,968,557
Due from Parent	1,123,157,404
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,254,811,122

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Estimated Final Settlement Due to Third Party Payors & Deferred Revenue	41,746,772
Salary & Other Benefits	3,361,826
Funds Held for Others	32,818,932
Reserve for Medical Malpractice	3,311,607
Accrued Pension Cost	60,700,466
Other Liabilities - Miscellaneous	105,330,891
Lease Obligations	4,332,908
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	251,603,402

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,348,731,678
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,254,201,376
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	94,530,302
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,811,155
9	Total adjustments (net) Add lines 4 - 8	9	4,811,155
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	99,341,457

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,315,137,485
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-16,528,386		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-16,528,386
3	Subtract line **2e** from line **1**			3	1,331,665,871
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	17,065,807		
c	Add lines **4a** and **4b**			4c	17,065,807
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,348,731,678

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

1	Total expenses and losses per audited financial statements			1	1,215,796,028
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,215,796,028
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	38,405,348		
c	Add lines **4a** and **4b**			4c	38,405,348
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,254,201,376

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Part V, line 4 The Children's Hospital's investment and spending policies for endowment assets are intended to provide a predictable stream of funding to support Children's Hospital's missions in pediatric patient care, education, research, and community programs Part V, Line 1b The Contribution line is comprised of Net Assets Reclassifications of $3,778,000 and Contributions of $18,361,000
Part X	Description of Uncertain Tax Positions Under FIN 48	Part X There is no FIN 48 footnote in the organization's audited financial statements
Part XI, Line 8 - Other Adjustments		Transfer of Funded Depreciation to Children's Medical Center Corporation -88316257 Transfer of Funds from Children's Medical Center to Fund Capital Expenditure 89673000 Net Unrealized Gain on Sale of Investments 11243427 Increase in Value of Investments in Limited Partnership Interests 18500886 Transfer of Prof Svcs Surplus from Net Assets to Funds Held for Others 3858073 Support From Parent 49001455 Adjustment Of Interest Rate Swap To Fair Market Value -35182784 Recognition Of Other Than Temporary Losses On Investments -11089915 Pension Adjustment -28433866 K-1 CH Pension Plan UBI 55182 Dividend & Other Income from CRICO not recorded on the books -4484555 Other Misc Transfers -13491
Part XII, Line 4b - Other Adjustments		Prof Med Svcs Revenue Recorded as Funds Held for Others in Audited Fin Stmt 6936702 Free Care (Reclass From Net Patient Services Revenue on Audited Fin Stmt) 6564415 Expense Netting on Contributions - Reclass 21947373 Net Transfer of Funded Depreciation and Funded Capital Expenditures -1356743 Support from Parent -49001455 Special Event Expenses Reclass -901215 Pension Adjustment 28433866 Misc - Other 13491 K-1 CH Pension Plan UBI -55182 Dividend & Other Income from CRICO not recorded on the books 4484555
Part XIII, Line 4b - Other Adjustments		Free care (Reclass from Net Patient Services Revenue on Audited Fin Stmt) 6564415 Special Event Expenses Reclass -901215 Professional Service Funds Expense 10794775 Expense Netting on Net Philanthropy - Contribution Reclass 21947373

Additional Data

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

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

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
Knott Partners	5,410,089	F
Pequot	6,770,351	F
Wellington - Equity	15,785,822	F
Wellington - Energy	4,658,090	F
Brookside Capital	20,497,116	F
Lone Pine Capital	5,806,507	F
Lone Pinon	2,081,297	F
Liberty Square	8,839,038	F
Standard Pacific	8,321,924	F
Highfields Capital	20,045,899	F
Standard Pacific Credit	19,006,929	F
Sankaty	9,456,754	F
Davison Kempner	23,803,647	F
King Street	29,961,966	F
Baupost	24,428,069	F
Fidelity International Stock	8,537,007	F
Fidelity Notes Payable	1,552,281	F
Bain IX Fund	3,116,821	F
Bain X Fund	870,960	F
Old Lane	1,540,356	F
SPUR Ventures	1,103,703	F
Lone Cascade	9,815,318	F
Wellington - Small Cap	7,973,978	F
Wellington - Real Asset	13,186,324	F
Wellington - Diversified Hedge	3,821,214	F
TT International	7,073,410	F
Walter Scott	12,193,945	F
Axiom	9,147,086	F
Emerg Markets	13,988,817	F
Sanford Bernstein	15,586,175	F

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

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

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Sub-Saharan Africa	0	0	Program Services	Clinical Assistance	11,500
Middle East & North Africa	0	0	Program Services	Teaching/Education	6,809
Sub-Saharan Africa	0	0	Program Services	Teaching/Education	6,609
Europe	0	0	Program Services	Teaching/Education	6,127
Central America & the Caribbean	0	0	Investments		0
Totals . . . . ▶					31,045

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

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

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Children's Hospital's employees may travel outside the United States to support its missions in pediatric patient care, education, research, and community services Business travel, on behalf of Children's Hospital, must follow the Hospital's Travel Policy The traveler must complete a Travel Expense Report (TER) form, and provide original itemized receipts as supporting documentation TER form approval is the responsibility of the Manager of the Department/Director/VP in which that activity is budgeted and expensed In addition, the Department Manager/Principal Investigator/Director/VP is responsible for - Ensuring that the travel policy and procedures are clearly communicated to all authorized travelers - Ensuring compliance with all CHB travel policy and procedures, and applicable sponsor guidelines in the case of grant-sponsored activities, including timeliness and proper documentation requirements - Maintaining supporting documentation of travel activity and expenses for proper record keeping and auditing purposes - Assuring that proper authorization signatures are documented on the TER form with the understanding that unauthorized expenses and/or personal expenses will not be reimbursed to the traveler In general, the ordinary and necessary expenses incurred while traveling on hospital business are reimbursable upon presentation and authorization of a completed TER form with original receipts as supporting documentation Reimbursable expenses include transportation, hotel/lodging, meals and other reasonable expenses incidental to travel Personal expenses are not reimbursable
Schedule F, Part IV	Other Information	In addition, Children's is implementing a new institution wide governance structure with respect to legal contracts involving foreign activity to oversee both global health and international medicine

Additional Data

Return to Form

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

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Amergent	Direct mail creative & management		No	920,003	640,000	280,003
Alexander Chisholm	Manage and produce Gen C Project		No	17,625	85,000	-67,375
CXO Communication	Marketing strategy for Gen C Project		No	17,625	771,000	-753,375
Bentz Whaley Flessner	Fundraising counsel		No	0	46,000	-46,000
Advanced Marketing Direct	Direct mail creative & management		No	0	132,000	-132,000
Marts Lundy	Fundraising counsel		No	0	48,000	-48,000
Total ▶						

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

CT,RI,NH,VT,ME,FL,NY,NJ,NV

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

		(a) Event #1 Champions for Children's (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	2,610,264			2,610,264
	2 Less Charitable contributions	2,265,269			2,265,269
	3 Gross revenue (line 1 minus line 2)	344,995			344,995
Direct Expenses	4 Cash Prizes	0			
	5 Non-cash Prizes	0			
	6 Rent/Facility costs	0			
	7 Other direct expenses	856,548			856,548
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				856,548
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-511,553

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			427,370	427,370
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			44,667	44,667
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 64 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				44,667
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				382,703

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

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** 0 %		
b	An outside facility	**13b** 100 000 %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ David Kirshner CFO Treasurer			
	Address ▶ Childrens Hospital 300 Longwood Ave Boston, MA 02115			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶ Ethridge King			
	Gaming manager compensation ▶ $ 0			
	Description of services provided ▶ Mr King, Dir of Devlopmnt Svc at Children's, was not compensated as a gaming manager His job includes overseeing any fundraising gaming operations			
	☐ Director/officer ☑ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Children's Hospital Boston 300 Longwood Avenue Boston, MA 02115	X	X	X	X		X	X		Facilities below are under Children's license
Children's Hospital Boston at Waltham 9 Hope Avenue Waltham, MA 02453		X	X						Satellite Facility
Martha Eliot Health Center 75 Bickford Streeet Boston, MA 02130		X	X						Community Health Center
Children's Hospital at Lexington 482 Bedford Street Lexington, MA 02173		X	X						Satellite Facility
Children's Hospital at Peabody 1 Essex Center Drive Peabody, MA 01960		X	X						Satellite Facility
Children's Clinics at 333 Longwood Ave 333 Longwood Avenue Boston, MA 02115		X	X						Pediatric Clinics

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I General Information on Grants and Assistance

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

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

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

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 44

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

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

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

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Children's Hospital provides three types of grants and assistance (1) Sponsorships, (2) Scholarships, and (3) Assistance Programs SPONSORSHIPS Children's supports external strategic partners that enhance Children's role and reputation as (1) a good neighbor, (2) community health partner, (3) civic leader, (4) and an employer of choice The criteria for Children's funding decisions to the requesting organization are based on the following 1 a non-profit that promotes careers in healthcare or health services and that Children's has collaborated, or is collaborating, with 2 a non-profit located in and serving Children's target neighborhoods (Fenway, Mission Hill, Jamaica Plain, Roxbury) that address social determinants of health and that Children's has collaborated, or is collaborating, with 3 one of Children's Hospital's affiliated community health centers 4 a citywide non-profit that is a strategic partner in one or more of the Children's primary community health focus areas (asthma, mental health, nutrition/fitness, violence prevention) and that Children's has collaborated, or is collaborating, with 5 a citywide non-profit that is a strategic partner in one or more of Children's secondary community health focus areas (early intervention, early childhood/elementary education,) that Children's has collaborated, or is collaborating, with 6 a business , civic, or advocacy strategic partner that senior management is actively engaged in 7 meets the IRS and the Massachusetts Attorney General's community support or community benefit criteria 8 meets the City of Boston eligibility as a "payment in lieu of taxes' investment Records and copies of sponsorship requests and the resulting grants are kept in paper form in the Office of Child Advocacy All sponsorships requests are commonly for general operating support All sponsorship is sent a letter that reiterates the stated use of the grant or assistance and with any Community Partnership Grants, representatives of Children's make site visits to many of the grantees and request end-of-year reports SCHOLARSHIPS Children's Hospital offers several scholarship programs to support the educational goals of its employees and/or their immediate families The Sibylla Orth Young Scholarship is available to employees and their immediate families who have worked at least six months and meet income and grade point average guidelines as well as demonstration of sincere commitment to the healthcare profession Priority will be given to those pursuing careers in healthcare positions experiencing labor shortages (e g , radiographer, pharmacy technician, clinical lab technician, nursing) The Nursing Education Scholarship is available to deserving nurses to further his or her education in patient care and the Joshua T Shairs Cardiology Fund is a scholarship for nurses in the field of cardiology All nursing scholarship applicants must have worked at least three months, be enrolled in an academic program leading to a degree, demonstrate a commitment to the patient care and be in good standing, both professionally and academically Sibylla Orth Young Scholarship applications are reviewed and maintained by the Office of Learning and Development selection committee Scholarships applications for the Nursing Education Scholarships and Joshua T Shairs Cardiology Funds are reviewed and maintained by the Department of Nursing/Patient Services selection committee All scholarship recipients are required to sign a Terms of Acceptance agreement affirming the funds will only be used for tuition, fees and/or class materials required for course instructions ASSISTANCE PROGRAMS Children's Hospital offers several financial assistance programs to provide funding to patients and their families burdened by the costs associated with long-term hospitalization, acute/chronic illness, disability or impairment We recognize the significant burdens related to financial and support services that patients and families face when experiencing frequent ambulatory services or prolonged inpatient admissions at Children's Hospital Boston These funds are primarily intended for use in emergent situations, and as a stop-gap intervention only They are not intended to provide permanent or long term solutions to financial need Essentially, these are funds of "last resort" when alternative options do not exist Below is a listing of our various Assistance Program Funds Extraordinary Needs Fund - cover immediate desperate needs of parents to include access to alternative therapeutic interventions Frieze Social Work Fund - provide broad financial assistance to needy children and families during their illness or hospitalization at Children's Hospital Hellenic Cardiac Fund For Children - provide financial assistance pertaining to the treatment and care of cardiac patients of Greek descendent and their parents (expenses may include room and board etc) Hall Social Work Fund - provide meals to needy patients and their families Camp Fund - support social service's summer camp program for patients Social Work Discretionary Fund - support of the social service department's activities Andre Sobel River Of Life Foundation Fund - to support functionally single parents & provide broad support to needy children and their families during their illness/hospitalization at Children's Hospital by releiving financial burdens Kent Street Operating Fund - support patient family housing at Kent Street Mannion Family Fund For The Center For Families - support the extraordinary needs program within the Center for Families Walsh CF Social Work Fund - provide for the unmet financial needs of Cystic Fibrosis patients and their families Mannion Family Fund For The Extraordinary Needs Program - support the extraordinary needs program through the social work office Brandano Parent Apartment Fund - to provide housing for needy parents of children receiving treatment at Children's Hospital Matthew Puffer Parking Fund - provide discounted parking for patient families whose children are being treated for chronic diseases Green Orthopaedic Equipment Fund - provide orthopaedic equipment for needy children Sandra & Geoffrey Fenwick Family Income Fund - support for the Center for Families especially needy patients Patient Care Support Services Income Fund - patient care support services for needy patients and their families A Shuman Clothing Fund - provide financial support for the purchase of clothing for patients All financial assistance requests are assessed by a social worker If there appears to be significant financial hardship, the social worker does a financial assessment based on the policies and guidelines for the use of these special funds Typical requests include assistance with transportation, utilities (a child cannot be discharged without adequate heat, electricity, telephone contact in the home), etc Each request is reviewed by the Director of the Fund Checks are not payable to the family, rather a payment may be made directly to the company involved via an invoice from that company, e g , National Grid Assessment considerations for Special Fund requests are based on * Duration of Need * Demographic * Family Status * Income Factors * Clinical Factors * Alternate Resources Available * Funding Limits

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Beth Israel Deaconess Medical Center300 Brookline Avenue Boston, MA 02215	04-2103881	501(c)(3)	20,000		FMV		Support of Bowdoin Street Health Center Fund (Kohl's)
Beth Israel Deaconess Medical Center300 Brookline Avenue Boston, MA 02215	04-2103881	501(c)(3)	20,000		FMV		Support of Bowdoin Street Health Center Fund
Harvard University124 Mount Auburn Street Cambridge, MA 02138	04-2103580	501(c)(3)	20,000		FMV		Support of Harvard Medical School for the Archives for Women in Medicine
Action for Boston Community Development Inc178 Tremont Street Boston, MA 02111	04-2304133	501(c)(3)	60,000		FMV		Community Partnership
Audubon Circle Neigborhood Association IncPO Box 15354 Boston, MA 02215	04-2792023	501(c)(3)	10,000		FMV		Community Partnership
The Boston Educational Development Foundation26 Court St 6th Fl Boston, MA 02108	22-2514422	501(c)(3)	5,000		FMV		Community Partnership - Parenting in Action
Big Brother Big Sisters of Massachusetts Bay Inc75 Federal Street Boston, MA 02210	04-2074462	501(c)(3)	10,000		FMV		Community Partnership
Big Sister Association of Greater Boston Inc161 Massachusetts Avenue Boston, MA 02115	04-2150651	501(c)(3)	6,500		FMV		Community Partnership
Boston Medical Center88 East Newton St Boston, MA 02118	04-3314093	501(c)(3)	200,000		FMV		Community Partnership - SPARKS Program
Boston Community Centers Inc1483 Tremont St Boston, MA 02120	04-2602576	501(c)(3)	5,000		FMV		Community Partnership - Boston Center for Youth & Families

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Medical Foundation Inc95 Berkeley Street Boston, MA 02116	04-2229839	501(c)(3)	10,000		FMV		Community Partnership - Boston Collaborative for Food & Fitness
Boston Public Health Commission1010 Massachusetts Ave Boston, MA 02118	04-3316655	115	385,000		FMV		Community Partnership
Boston Public Schools26 Court St 6th Fl Boston, MA 02108	22-2514422	115	5,100		FMV		Community Partnership - Family & Student Engagement
Boston Redevelopment Authority43 Hawkins Street Boston, MA 02114	04-6006386	115	10,000		FMV		Community Partnership - Sociedad Latina
Boys & Girls Clubs of Dorchester Inc1135 Dorchester Ave Dorchester, MA 02125	23-7076465	501(c)(3)	10,800		FMV		Community Partnership
Community Catalyst Inc 30 Winter St 10th Fl Boston, MA 02108	04-3355127	501(c)(3)	200,000		FMV		Advocacy
The Boston Educational Development26 Court St 6th Fl Boston, MA 02108	22-2514422	501(c)(3)	28,000		FMV		Community Partnership - Countdown to Kindergarten
The Crispus Attucks Children's Center Inc105 Crawford Street Dorchester, MA 02121	04-2457984	501(c)(3)	7,500		FMV		Community Partnership
Health Care For All Inc30 Winter St 10th Fl Boston, MA 02108	04-3071598	501(c)(3)	100,000		FMV		Advocacy
Health Law Advocates Inc 30 Winter St 10th Fl Boston, MA 02108	04-3298116	501(c)(3)	25,000		FMV		Advocacy

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Hyde Square Task Force Inc375 Centre Street Jamaica Plain, MA 02130	04-3118543	501(c)(3)	10,000		FMV		Community Partnership
Judge Baker Children's Center53 Parker Hill Avenue Boston, MA 02120	04-2103860	501(c)(3)	11,000		FMV		Community Partnership
Louis D Brown Peace Institute Corporation452 Dorchester Ave 2nd Fl Dorchester, MA 02122	26-3068254	501(c)(3)	5,000		FMV		Community Partnership
Massachusetts Advocates for Children Inc25 Kingston St 2nd Fl Boston, MA 02111	04-2488456	501(c)(3)	5,000		FMV		Community Partnership
Mission Hill Community School Council Inc1481 Tremont Street Boston, MA 02120	04-3103865	501(c)(3)	5,000		FMV		Community Partnership - Mission Hill Youth Collaborative
MissionSafe A New Beginning IncPO Box 201060 Roxbury, MA 02120	04-3457195	501(c)(3)	8,500		FMV		Community Partnership
Massachusetts Public Health Association434 Jamaica Way Jamaica Plain, MA 02130	04-2326503	501(c)(3)	5,000		FMV		Community Partnership
Massachusetts Society for the Prevention of Cruelty to Children99 Summer Street Boston, MA 02110	04-2103596	501(c)(3)	5,000		FMV		Advocacy
Family Nurturing Center of Massachusetts Inc200 Bowdoin Street Dorchester, MA 02122	31-1626186	501(c)(3)	200,000		FMV		Community Partnership - Smart from the Start
Sociedad Latina Inc1530 Tremont Street Roxbury, MA 02120	04-2678255	501(c)(3)	9,790		FMV		Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Spontaneous Celebrations Inc45 Danforth Street Jamaica Plain, MA 02130	01-3253364	501(c)(3)	9,500		FMV		Community Partnership
Benevolent Fraternity of Unitarian Churches10 Putnam Street Roxbury, MA 02119	04-2105897	501(c)(3)	5,000		FMV		Community Partnership - Unitarian Universalist Urban Ministry
Freelance Players Inc dba Urban Improv8 Saint John Street Jamaica Plain, MA 02130	04-2786576	501(c)(3)	9,500		FMV		Community Partnership
Massachusetts League of Community Health Centers Inc40 Court St 10th Fl Boston, MA 02108	04-2507409	501(c)(3)	63,375		FMV		Community Partnership
Bowdoin Street Health Center Inc230 Bowdoin Street Dorchester, MA 02122	04-2529788	501(c)(3)	150,000		FMV		Community Partnership
The Brigham and Women's Hospital Inc75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	110,000		FMV		Community Partnership - Brookside Community Health Center
Dimock Community Health Center Inc55 Dimock Street Roxbury, MA 02119	04-3487835	501(c)(3)	158,500		FMV		Community Partnership
Joseph M Smith Community Health Center Inc287 Western Avenue Allston, MA 02134	23-7221597	501(c)(3)	105,000		FMV		Community Partnership
Roxbury Comprehensive Community Health Center Inc435 Warren Street Roxbury, MA 02119	04-2501921	501(c)(3)	135,000		FMV		Community Partnership
South Cove Community Health Center Inc145 South Street Boston, MA 02111	04-2501818	501(c)(3)	120,000		FMV		Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
South End Community Health Center Inc1601 Washington Street Boston, MA 02118	04-2456134	501(c)(3)	125,000		FMV		Community Partnership
The Brigham and Women's Hospital Inc75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	120,000		FMV		Community Partnership - Southern Jamaica Plain Health Center
Upham's Corner Community Center Inc 500 Columbia Road Dorchester, MA 02125	04-2708670	501(c)(3)	105,000		FMV		Community Partnership
Whittier Street Health Center Committee Inc 1125 Tremont Street Roxbury, MA 02120	04-2619517	501(c)(3)	107,000		FMV		Community Partnership - Whittier Street Health Center

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Sibylla Orth Young Fund for Student Aid	15	26,000		FMV	
Nursing Education Scholarship Fund	48	131,083		FMV	
Joshua T Shairs Cardiology Fund	2	2,000		FMV	
Extraordinary Needs Fund	1194	251,621		FMV	
Frieze Social Work Fund	1194	179,966		FMV	
Hellenic Cardiac Fund for Children	13	80,900		FMV	
Hall Social Work Fund	1202	46,154		FMV	
Camp Fund	149	41,420		FMV	
Social Work Discretionary Fund	1164	30,483		FMV	
Andre Sobel River of Life Foundation Fund	1190	30,392		FMV	
Kent Street Operating Fund	191	27,941		FMV	
Mannion Family Fund for the Center for Families	2	24,630		FMV	
Walsh CF Social Work Fund	17	22,117		FMV	
Mannion Family Fund for the Extraordinary Needs Program	800	20,802		FMV	
Brandano Parent Apartment Fund	27	18,271		FMV	
Matthew Puffer Parking Fund	45	9,466		FMV	
Green Orthopaedic Equipment Fund	20	8,556		FMV	
Sandra & Geoffrey Fenwick Family Income Fund	167	4,608		FMV	
Patient Care Support Services Income Fund	1	2,123		FMV	
A Shuman Clothing Fund	2	59		FMV	

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	Part I, Line 1a The CEO & COO receive gross up payments for the vehicle lease value of the executive's car Executives receive gross up payments for the reimbursment of health club memberships/fitness These gross up benefits will be eliminated as of January 1, 2010
	Part I, Line 4a	Children's Hospital made contributions to the supplemental non-qualified retirement plan for the individuals listed below Contribution amounts are generally based on a percentage of compensation Participants of the supplemental executive retirement plan are fully vested All payments with respect to a participant's separation from service will be made in a single sum following the separation from service unless participant has elected to receive the accrued interest portion of his or her account in three annual installments Contributions were for employee benefits and not for Children's Hospital Trustee or Officer of the Board services and/or responsibilities James Mandell, MD, received in 2008, a contribution of $377,282 Sandra Fenwick, received in 2008, a contribution of $198,803 David Kirshner, received in 2008, a contribution of $52,331 Stuart Novick, received in 2008, a contribution of $42,234 Eileen Sporing, received in 2008, a contribution of $39,799 Carleen Brunelli, received in 2008, a contribution of $22,835 Janet Cady, received in 2008, a contribution of $39,950 M Laurie Cammisa, received in 2008, a contribution of $19,548 Michelle Davis, received in 2008, a contribution of $13,655 Steven Gordon, received in 2008, a contribution of $19,800 Mark Marcantano, received in 2008, a contribution of $30,189 Daniel Nigrin, MD, received in 2008, a contribution of $34,892 Inez Stewart, received in 2008, a contribution of $26,565 Henry Tomasuolo, received in 2008, a contribution of $23,665 Charles Weinstein, received in 2008, a contribution of $28,528 Steven Fishman, MD, a Trustee of Children's Hospital, received from the CHMC Surgical Foundation, Inc , a related organization, a contribution of $15,500 for his supplemental non-qualified retirement plan in 2008 Dr Fishman's contribution was for his employee benefits for services with the CHMC Surgical Foundation not for Children's Hospital Trustee services and/or responsibilities James Kasser, MD, a Trustee of Children's Hospital, is employed by the Children's Orthopaedic Surgery Foundation, Inc , a related organization The Children's Orthopaedic Surgery Foundation, Inc , established a nonqualified severance benefit plan to supplement the severance, death or disabilty benefits for certain employees Under this plan, the liabilty owed to Dr Kasser as of June 30,2009 was $414,422 The liabilty owed is for employee benefits for services with the Children's Orthopaedic Surgery Foundation, Inc not for Children's Hospital Trustee services and/or responsibilities James Lock, MD, the Chief of Cardology, is a key employee of Children's Hospital He is employed by the Boston Children's Heart Foundation, Inc , a related organization The Boston Children's Heart Foundation, Inc , established a Severance Benefits Plan that would supplement unemployment benefits in the event of termination of employment for eligible employees The liability owed to Dr Lock under this plan is $741,526 The Severance Benefits Plan was for Dr Lock's employee benefits for services with the Boston Children's Heart Foundation, Inc not for Children's Hospital services and/or responsibilities Robert Shamberger, MD, the Chief of Surgery, is a key employee of Children's Hospital He is employed by the CHMC Surgical Foundation, Inc , a related organization, and received a contribution of $15,500 for his supplemental non-qualified retirement plan in 2008 Dr Shamberger's contribution was for his employee benefits for services with the CHMC Surgical Foundation not for Children's Hospital services and/or responsibilities
Supplemental Information	Part III	Part II Compensation is for executive/employee services, not for Children's Hospital Corporation Trustee or Officer of the Board services Part II, Column F (Compensation Reported in Prior Form 990) The organization operates on a fiscal year basis, beginning October 1 and ending September 30 The compensation reported in Part II, column B, of this Schedule J (Form 990) is for the calendar year 2008 and may have already been reported on a fiscal year basis on a prior year Form 990 - fiscal year ended 9/30/2008 Compensation amounts in column F reflects the compensation already reported in a prior return and needs to be taken into consideration to correct the overstatement of the cumulative compensation reported as paid to the individuals listed

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Steven Fishman MD	(I) (II)	416,983	79,169	225,978	151,925	49,036	923,091	426,929
James Kasser MD	(I) (II)	360,270	233,500	370,281	11,000	39,356	1,014,407	511,223
James Mandell MD	(I) (II)	688,245	443,000	453,630	353,675	23,988	1,962,538	1,299,406
Sandra Fenwick	(I) (II)	493,191	250,000	271,861	265,050	10,553	1,290,655	823,789
Eileen Sporing MSNRN	(I) (II)	348,348	70,000	90,937	101,655	20,364	631,304	399,464
David Kirshner	(I) (II)	413,867	104,000	105,171	125,779	21,973	770,790	493,279
Bruce Balter	(I) (II)	128,288	14,750	40,046	22,312	18,208	223,604	141,001
Stuart Novick Esq	(I) (II)	345,370	91,000	96,211	116,471	22,745	671,797	422,186
Dianne Hatfield	(I) (II)	76,621	750	14,993	8,777	12,470	113,611	69,461
Carleen Brunelli PhD	(I) (II)	226,039	56,000	64,063	75,285	22,387	443,774	273,577
Janet Cady	(I) (II)	314,188	123,000	75,293	140,591	18,087	671,159	415,111
M Laurie Cammisa	(I) (II)	225,774	30,000	59,299	61,853	8,475	385,401	70,328
Michelle Davis	(I) (II)	181,961	29,000	57,578	51,631	19,381	339,551	208,654
Steven Gordon	(I) (II)	222,804	35,000	65,638	49,138	24,912	397,492	251,332
Mark Marcantano	(I) (II)	303,591	59,000	51,225	81,459	22,668	517,943	325,112
Daniel Nigrin MD	(I) (II)	309,165	76,000	83,566	99,522	18,731	586,984	370,548
Inez Stewart	(I) (II)	269,168	41,000	66,693	62,388	22,395	461,644	292,896
Henry Tomasuolo	(I) (II)	241,345	48,000	91,504	72,981	23,355	477,185	297,637
Charles Weinstein	(I) (II)	293,509	53,000	52,888	84,785	28,708	512,890	312,798
David DeMaso MD	(I) (II)	286,245	750	24,733	25,425	20,051	357,204	233,984
Orah Platt MD	(I) (II)	379,923	32,972	33,399	29,363	12,063	487,720	342,964
James Lock MD	(I) (II)	539,581	18,250	7,818	118,412	25,440	709,501	269,791
Robert Shamberger MD	(I) (II)	618,438	30,617	97,457	259,468	60,978	1,066,958	497,685
George Taylor MD	(I) (II)	386,250	49,168	15,188	69,283	24,220	544,109	514,491
Bruce Zetter PhD	(I) (II)	267,083	750	31,922	25,425	6,919	332,099	
Susan Shaw	(I) (II)	193,682	14,750	70,532	29,225	19,491	327,680	212,911
Patricia HickeyPhDMBARNFAAN	(I) (II)	210,219	14,750	52,699	29,225	9,692	316,585	
Scott Ogawa	(I) (II)	217,930	19,335	35,658	27,325	13,424	313,672	
Patricia BranowickiMSRNCNAA	(I) (II)	193,759	14,750	49,654	24,625	13,666	296,454	
Nader Rifai PhD	(I) (II)	272,586	237,058	30,124	28,034	18,879	586,681	464,091
Carlo Brugnara MD	(I) (II)	279,485	75,212	30,173	27,688	18,981	431,539	307,456
Lynn Susman	(I) (II)	194,367	88,056	58,709	25,425	18,397	384,954	
Patrick Taylor Esq	(I) (II)	193,341	14,750	90,321	24,625	3,313	326,350	
Harpeet Pall MD	(I) (II)	153,858	124,403	15,701	17,900	8,061	319,923	

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
Douglas Berthiaume	Trustee	100,847	Equipment Children's Hospital Corporation received, at fair market value, equipment & supplies from Waters Corporation, where Douglas Berthiaume, a member of the hospital's Board of Trustees, is the Chief Executive Officer All transactions above were at fair market value and negotiated at arms length in the ordinary course of business During the year the hospital paid Waters Corporation $100,847 for equipment & supplies		No
James Lock	Key Employee	233,867	RoyaltyPursuant to Children's Hospital Intellectual Property Policy, Dr Lock received a royalty payment, from licensed and royalty fees that the Hospital receives for his invention, in the amount of $233,867	Yes	

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	4	20,900	Market Value per Donor
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		116,731	Market Value per Donor
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	25	173,877	Mean Value on Gift Date
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential	X	1	1,500,000	Appraised Market Value
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	15	14,528	Market Value per Donor
19 Food inventory	X	1	553	Store Receipt
20 Drugs and medical supplies	X	1	2,560	Market Value per Donor
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe Misc Gifts)	X	11	75,488	Market Value per Donor
26 Other (describe Travel/Dining)	X	64	186,290	Market Value per Donor
27 Other (describe GiftCert/Parkng)	X	21	30,102	Market Value per Donor
28 Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29** 1

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

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

Identifier	ReturnReference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	Schedule M, Part I, Column (b) For publicly traded securities, the Hospital records any shares gifted from a single donor on the same date as a single contribution transaction (E g one gift receipt issued for multiple stock lots) For all other categories except for real estate, the Hospital records any items gifted from a single donor on the same date as a single contribution transaction (e g one gift receipt issued for multiple items)
Non Reporting of Revenue	Part I, Line 33	Schedule M, Line 33 In addition to these contributions, the Hospital may receive items such as books, stuffed animals and video games that are donated to the units - these items are de minimus and values are not available so they are not reported in revenues

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	COMMUNITY Children's seeks to improve the health of children and families in our community, through - Serving as the community's safety net hospital by caring for patients in Massachusetts regardless of their ability to pay and by providing and subsidizing hospital and community-based services that are unavailable or limited elsewhere in the community - Focusing on the pressing community health needs for Boston families asthma, fitness and nutrition, injury prevention, and mental health - Advocating for children to change laws, policies or systems to improve the health of children and families - Supporting essential community partners in Boston to improve the lives of children and families * Understanding Community Needs * The first step in improving the health of the community is "taking the pulse" to discover what local health and health-related issues are most important for families Children's uses both formal and informal methods to listen and learn from the community to understand the wide-range of community needs and health issues to develop its community benefits action plan The hospital regularly reviews public health data, participates in community forums, and gains feedback from community residents, patient families, staff and health partners Through its Community Advisory Board, Children's has a direct link to community expertise In addition, Children's regularly meets with staff from community health centers and community organizations to strengthen existing relationships and get feedback Every three years, Children's conducts a comprehensive "audit" to review community resources, assets and challenges The most recent assessment was completed during 2009 Children's goal was to identify the met and unmet health needs of children in Massachusetts with an emphasis on families in Boston The findings reaffirmed that asthma, obesity and mental health are priorities For a copy of the assessment, visit childrenshospital org/communitybenefits or call 617-919-3055 * Serving as a Safety Net * Children's is the leading provider of health care to low-income and underinsured children in Massachusetts and provides care unavailable elsewhere in the state Children's also treats pediatric patients from Massachusetts regardless of their ability to pay Children's is also a safety net provider for Boston children More than half of all Boston children hospitalized come to Children's This safety net is financial in that the hospital provides free care, subsidizes care for Medicaid patients, and incurs bad debt for patient families who cannot pay for the care they receive It is programmatic in that Children's offers vital, hospital-subsidized services that are either unavailable elsewhere or available only in very limited capacity, such as mental health, dental and primary care * A Community Health Leader * Children's targets resources and supports programs and services that benefit children and adolescents in Boston, with special attention to families living in the neighborhoods closest to Children's main campus, Fenway, Mission Hill, Roxbury and Jamaica Plain The hospital directed most of its community benefits investments toward four health issues of concern for Boston children asthma, mental health, obesity and injury prevention Children's Community Asthma Initiative (CAI), which is discussed in detail in 4a, helps to improve asthma management and education for children in Jamaica Plain, Roxbury and Dorchester Children's is also increasing access to mental health care through the Children's Hospital Neighborhood Partnerships (CHNP) program In partnership with 13 Boston schools and five community health centers, CHNP provides mental health prevention and treatment services to children in schools and community health centers More than 174 children have received counseling in schools, 1,530 have participated in prevention activities and 471 have been treated in community health centers Through Fitness in the City, Children's aims to build community capacity to reduce obesity and identify best practices for prevention The hospital provides technical and financial assistance to support existing obesity prevention and management programs at 11 Boston community health centers including Martha Eliot Health Center For details on the programs mentioned above and other efforts to improve child health in Boston, visit childrenshospital org/communitybenefits * Community Partnership * Children's aims to address child health disparities and improve the health and well-being of families through its partnerships and efforts to be a good neighbor, health partner and civic leader To accomplish this, the hospital supports and works with partners in health delivery (community health centers) and with those whose work is health related (community-based organizations, public health agencies, public schools and civic organizations) According to public health literature, to address disparities in children, it is important to focus on four different levels the individual, community, systemic and societal Thus, Children's directs its community building activities in the following areas - Children's focuses its support on community based organizations that do not focus specifically on health issues, but rather on the vibrancy of the community Our contributions to groups such as the Fenway Community Development Corporation, Sociedad Latina and the Mission Hill Youth Collaborative, are as important as our partnerships with health centers - As a major employer in Massachusetts and civic leader in Boston, Children's supports a wide-variety of efforts to ensure a diverse and committed health care workforce as well as promote economic health in our surrounding communities Children's has affiliations and partners on treatment, prevention, health and wellness programs with 11 Boston community health centers including Martha Eliot Health Center Children's works extensively with the City of Boston, the Boston Public Health Commission and the Boston Public Schools to address the issues of mental health, asthma, obesity and injury prevention * Child Advocacy * Children's serves as an influential advocate for the children of Boston, Massachusetts and beyond Children's advocacy efforts are designed to improve the health and well-being of children Children's is a steadfast advocate for the unique needs of children and families served by the hospital, as well as throughout Massachusetts and beyond The hospital works with community leaders, organizations and policymakers at the state, city and national levels to advocate for policies that keep children healthy and safe, ensure access to high quality care and foster innovation in pediatric research and clinical care Children's is also a forceful advocate on appropriate legislative and regulatory matters in Massachusetts, such as enacting insurance coverage for asthma education, improving school nutrition and increasing access to quality pediatric mental health programs Mental health continued to be a major focus of the Hospital's advocacy and policy efforts Two years ago, the hospital joined with the Massachusetts Society for the Prevention of Cruelty to Children, Health Care for All, Health Law Advocates and the Parent Professional Advocacy League to work with legislative sponsors to draft legislation and spearhead a state-wide campaign to advocate for changes in the mental health care system This effort was highly successful with the passage of the bill in only one legislative system, which represented a major milestone in improving mental health care for children in this state For more details on Children's community mission, visit childrenshospital org/communitybenefits

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation ("the Hospital") As stated in the Hospital's By Laws, Children's Medical Center Corporation has the powers and rights - to approve proposed operating and capital budgets of the Hospital, - to approve the sale of all or substantially all of the Hospital's assets, - to approve the establishment of all long-range plans, goals and objectives of the Hospital, - to approve any incurrence of long-term indebtedness by the Hospital, - to set executive compensation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 tax return was prepared by the organization's staff and reviewed by management (including the President, Chief Executive Officer, Chief Financial Officer, Legal and other relevant departments of the organization), along with the outside accounting firm of Ernst & Young The Form 990 tax return was then presented to the Children's Medical Center and affiliates' Audit & Compliance Committee Also, a copy was made available to the Board

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Children's Hospital Boston has a successful executive management team with a proven track record of carrying out its non-profit mission of providing high quality patient care, research, teaching and community health It is the fiduciary responsibility of the Children's Compensation Committee to determine fair, reasonable and competitive compensation for hospital leadership They determine compensation based on the job's responsibilities and complexity, the marketplace for similar positions, as well as an assessment of the employee's skills, experience and performance An independent expert in compensation provides the Committee with market comparability data that helps inform the Committee's decisions Children's senior leadership team receives compensation that is well within the range of other executives in large, academic non-profit medical centers On an annual basis, the Compensation Committee reviews and approves the compensation for Children's Hospital top management officials Chief Executive Officer President & Chief Operating Officer Senior Vice President & Chief Financial Officer Senior Vice President & General Counsel Senior Vice President, Patient Care Operations Senior Vice President & Chief Administrative Officer Vice President, Research Administration President, Children's Hospital Trust Vice President, Child Advocacy Vice President, Public Affairs & Marketing Chief Administrative Officer, Children's Waltham Vice President, Ambulatory Care & Network Services Senior Vice President & Chief Information Officer Vice President, Human Resources Vice President, Support Services Vice President, Real Estate Planning & Development

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

Identifier	Return Reference	Explanation
Form 990, Part XI - Line 2c	Financial Statements & Reporting	Financial statements for the organization were compiled, reviewed and audited by an independent accountant The Audit & Compliance committee oversees the compilation, review & audit of the financial statements as well as the selection of the independent accountant that compiled, reviewed and audited the statements This process has not changed from the prior years

Identifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	Bentz, Whaley Flessner provided fundraising advice for campaigns or programs that have not yet implemented, thus $0 receipts Alexander Chisholm manages school outreach and oversees relationship with Simon & Schuster CXO Communication managed marketing and public relations for the Generations Cures project Advanced Marketing Direct are new direct mail creative and management providers, and their first mailings were not sent out until the next fiscal year, thus $0 receipts Marts Lundy provided fundraising advice for campaigns or programs that have not yet implemented, thus $0 receipts

Identifier	Return Reference	Explanation
Form 990, Part V - Line 7g	Filing of FORM 8899	The organization did not have any contributions of intellectual property, therefore, there was no filing requirement for Form 8899

Identifier	Return Reference	Explanation
Form 990, Part V - Line 7h	Filing of Form 1098-C	The organization did not have any contributions of cars, boats, airplanes nor other vehicles, therefore, there was no filing requirement for Form 1098-C

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Children's Hospital Integrated Care Organization LLC 300 Longwood Avenue Boston, MA02115 01-0888437	Clinical integration and joint contracting	MA	N/A	Related		1,877,541		No		Yes	
Marketplace LaGuardia LLC One Wells Avenue Newton, MA02459 20-0417454	Investment in Marketplace LaGuardia LP	MA	Children's Hospital Corporation	Investment	663,924	6,028,240		No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Longwood Associates Inc 55 Shattuck Street Boston, MA02115 04-2943755	Property Management	MA	Children's Medical Center Corporation	C		1,000	100 000 %

Part V Transactions with Related Organizations

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

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

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

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

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Children's Medical Center Corporation 55 Shattuck Street Boston, MA 02115 04-1174680	Holds & manages security, real estate investments for Children's Hospital	MA	501(c)(3)	11 - Type II	N/A
Longwood Research Institute Inc 300 Longwood Avenue Boston, MA 02115 04-2781368	Medical & scientific research, holds real estate investments	MA	501(c)(3)	11 - Type II	Children's Medical Center Corporation
CHB Properties Inc (fka Children's Extended Care Center) 300 Longwood Avenue Boston, MA 02115 04-3323330	Holds & manages satellite ambulatory centers, real estate investments	MA	501(c)(3)	9	Children's Medical Center Corporation
Longwood Coporation 55 Shattuck Street Boston, MA 02115 04-2779882	Holds & manages real estate investments	MA	501(c)(2)		Children's Medical Center Corporation
Fenmore Realty Corporation 55 Shattuck Street Boston, MA 02115 22-2478110	Holds & manages real estate investments	MA	501(c)(2)		Children's Medical Center Corporation
Physician's Organization at Children's Hospital Inc 300 Longwood Avenue Boston, MA 02115 04-3266103	Coordinates & develop integrated childhlth care system w/ affiliated members	MA	501(c)(3)	11 - Type III	N/A
Boston Children's Heart Foundation 300 Longwood Avenue Boston, MA 02115 04-2790699	Provides cardiac clinical care, research and education	MA	501(c)(3)	11 - Type III	N/A
Children's Hospital Radiology Foundation Inc 300 Longwood Avenue Boston, MA 02115 04-3259647	Provides radiological clinical care, research and education	MA	501(c)(3)	11 - Type III	N/A
Children's Orthopaedic Surgery Foundation Inc 300 Longwood Avenue Boston, MA 02115 04-2943146	Provides orthopaedic surgical clinical care, research and education	MA	501(c)(3)	11 - Type III	N/A
CHMC Surgical Foundation Inc 300 Longwood Avenue Boston, MA 02115 04-2767602	Provides surgical clinical care, research and education	MA	501(c)(3)	11 - Type III	N/A

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Children's Medical Center Corporation	A	399,429
(2)	Marketplace LaGuardia LLC	A	663,924
(3)	Children's Medical Center Corporation	C	64,931,000
(4)	CHB Properties Inc	J	6,578,000
(5)	Children's Medical Center Corporation	O	88,316,000
(6)	Children's Medical Center Corporation	P	89,673,000
(7)	Children's Medical Center Corporation	Q	1,407,596,169
(8)	CHB Properties Inc	Q	9,704,184
(9)	Children's Medical Center Corporation	R	1,333,760,662

Additional Data

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

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen Karp , Trustee - Chairman	10 00	X						0	0	0
William L Boyan , Trustee - Vice Chair	6 00	X						0	0	0
George W Phillips , Trustee - Vice Chair	6 00	X						0	0	0
Douglas Berthiaume , Trustee	5 00	X						0	0	0
Steven Fishman MD , Trustee, ex officio	5 00	X						0	722,130	200,961
Gary Fleisher MD , Trustee, ex officio	5 00	X						0	0	0
Paul Hickey MD , Trustee, ex officio	5 00	X						0	0	0
James Kasser MD , Trustee, ex officio	5 00	X						0	964,051	50,356
Eric M Kobren , Trustee	5 00	X						0	0	0
Harvey Lodish PhD , Trustee	5 00	X						0	0	0
Ralph C Martin , Trustee	5 00	X						0	0	0
Robert A Smith , Trustee	5 00	X						0	0	0
Robert Smyth , Trustee	5 00	X						0	0	0
Alison Taunton-RigbyPhD , Trustee	5 00	X						0	0	0
Ann Thornburg , Trustee	5 00	X						0	0	0
Marc B Wolpow , Trustee	5 00	X						0	0	0
Gregory Young MD , Trustee, ex officio	5 00	X						0	0	0
James Mandell MD , CEO/Noncomp Trste,exoffi	60 00	X		X				1,584,875	0	377,663
Sandra Fenwick , Pres/COO,Noncomp Trste,e	60 00	X		X				1,015,052	0	275,603
Eileen Sporing MSNRN , CNO/Noncomp Trste	60 00	X						509,285	0	122,019
David Kirshner , CFO & Treasurer	60 00			X				623,038	0	147,752
Bruce Balter , Asst Treasurer/Dir Corp	50 00			X				183,084	0	40,520
Stuart Novick Esq , Gen Counsel & Secretary	60 00			X				532,581	0	139,216
Dianne Hatfield , Asst Secretary/Exec Asst	50 00			X				92,364	0	21,247
Carleen Brunelli PhD , VP, Research	55 00				X			346,102	0	97,672
Janet Cady , President, CH Trust	55 00				X			512,481	0	158,678
M Laurie Cammisa , VP, Child Advocacy	55 00				X			315,073	0	70,328
Michelle Davis , VP, Public Affairs & Mkt	55 00				X			268,539	0	71,012
Steven Gordon , CAO, Waltham	55 00				X			323,442	0	74,050
Mark Marcantano , VP, Ambulatory Care	55 00				X			413,816	0	104,127

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Daniel Nigrin MD , SVP, & CIO	60 00				X			468,731	0	118,253
Inez Stewart , VP, Human Resources	55 00				X			376,861	0	84,783
Henry Tomasuolo , VP, Support Services	55 00				X			380,849	0	96,336
Charles Weinstein , VP, Real Estate Planning	55 00				X			399,397	0	113,493
David DeMaso MD , Chief, Psychiatry	60 00				X			311,728	0	45,476
Orah Platt MD , Chief, Lab Medicine	60 00				X			446,294	0	41,426
James Lock MD , Chief, Cardiology	60 00				X			0	565,649	143,852
Robert Shamberger MD , Chief, Surgery	60 00				X			0	746,512	320,446
George Taylor MD , Chief, Radiology	60 00				X			0	450,606	93,503
Bruce Zetter PhD , Chief Scientific Officer	60 00				X			299,755	0	32,344
Susan Shaw , Director, Patient Svcs	50 00				X			278,964	0	48,716
Patricia HickeyPhDMBA , VP, Crit Care Pat Svc	50 00				X			277,668	0	38,917
Scott Ogawa , Chief Technology Officer	50 00				X			272,923	0	40,749
Patricia BranowickiMSR , VP, Medicine Patient Svc	50 00				X			258,163	0	38,291
Nader Rifai PhD , Director, Chemistry	60 00					X		539,768	0	46,913
Carlo Brugnara MD , Directory, Hematology	60 00					X		384,870	0	46,669
Lynn Susman , VP, Campaign & Maj Gift	50 00					X		341,132	0	43,822
Patrick Taylor Esq , Deputy General Counsel	50 00					X		298,412	0	27,938
Harpeet Pall MD , Director, Waltham Endosc	60 00					X		293,962	0	25,961

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

Children's Hospital Boston is the nation's premier pediatric hospital with a commitment to advancing the health of children worldwide. We serve as the community hospital for the children of Boston, provide specialty pediatric care throughout the region and offer children across the world facing challenging medical issues with access to innovative, life saving care.Children's vision is to advance pediatric care - both in our local neighborhoods and worldwide - through a commitment to innovation and science-based care. All of our activities are driven by four interwoven missions: providing access to high quality, compassionate and innovative clinical care to children, researching new cures and treatments for diseases, training the next generation of pediatric caregivers and improving the health and well being of children with a special emphasis on helping the children of Boston grow and learn in safe, healthy environments.