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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

**2010**Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

|                                                                                                                                                                                                                                                                                               |                                                                                         |            |                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>Children's Orthopaedic Surgery Foundation, Inc.</b> |            | <b>D</b> Employer identification number<br><b>04-2943146</b>                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                               | Doing Business As                                                                       |            | <b>E</b> Telephone number<br><b>(617) 355-8699</b>                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                               | Number and street (or P.O. box if mail is not delivered to street address)              | Room/suite |                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                               | <b>300 Longwood Avenue</b>                                                              |            | <b>HU221</b>                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                               | City or town, state or country, and ZIP + 4<br><b>Boston, MA 02115</b>                  |            | <b>G</b> Gross receipts \$ <b>40,970,271.</b>                                                                                                                                                                                                                             |
| <b>F</b> Name and address of principal officer: <b>James R. Kasser, MD</b><br><b>same as C above</b>                                                                                                                                                                                          |                                                                                         |            | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                               |                                                                                         |            |                                                                                                                                                                                                                                                                           |
| <b>J</b> Website: <b>N/A</b>                                                                                                                                                                                                                                                                  |                                                                                         |            |                                                                                                                                                                                                                                                                           |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                                         |            | <b>L</b> Year of formation: <b>1986</b> <b>M</b> State of legal domicile: <b>MA</b>                                                                                                                                                                                       |

**Part I Summary**

|                                                                         |                                                                                                                                                                                     |                                  |                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>The Foundation provides orthopaedic surgery services, medical research, and educational</b> |                                  |                     |
|                                                                         | <b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.                                    |                                  |                     |
|                                                                         | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                          | <b>3</b>                         | <b>23</b>           |
|                                                                         | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                              | <b>4</b>                         | <b>1</b>            |
|                                                                         | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)                                                                                               | <b>5</b>                         | <b>28</b>           |
|                                                                         | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                         | <b>6</b>                         | <b>0</b>            |
|                                                                         | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                      | <b>7a</b>                        | <b>-19.</b>         |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>                                                                                                                                                                           | <b>0.</b>                        |                     |
| <b>Revenue</b>                                                          | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                              | <b>Prior Year</b>                | <b>Current Year</b> |
|                                                                         | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                               | <b>770,000.</b>                  | <b>255,000.</b>     |
|                                                                         | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                             | <b>36,438,858.</b>               | <b>36,423,952.</b>  |
|                                                                         | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11e)                                                                                                  | <b>556,232.</b>                  | <b>604,143.</b>     |
|                                                                         | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                        | <b>0.</b>                        | <b>0.</b>           |
|                                                                         | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                          | <b>37,765,090.</b>               | <b>37,283,095.</b>  |
|                                                                         | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                             | <b>585,762.</b>                  | <b>206,660.</b>     |
|                                                                         | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                         | <b>0.</b>                        | <b>0.</b>           |
|                                                                         | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                            | <b>24,018,880.</b>               | <b>25,590,418.</b>  |
|                                                                         | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶                                                                                                                | <b>0.</b>                        | <b>0.</b>           |
|                                                                         | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                              | <b>5,896,542.</b>                | <b>6,181,225.</b>   |
|                                                                         | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                 | <b>30,501,184.</b>               | <b>31,978,303.</b>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <b>7,263,906.</b>                                                                                                                                                                   | <b>5,304,792.</b>                |                     |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)                                                                                                                                            | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                                                         | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                       | <b>43,099,801.</b>               | <b>52,278,098.</b>  |
|                                                                         | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                                                | <b>6,488,130.</b>                | <b>8,785,427.</b>   |
|                                                                         |                                                                                                                                                                                     | <b>36,611,671.</b>               | <b>43,492,671.</b>  |

**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.

|                               |                                                                             |                                                                    |
|-------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Sign Here</b>              | <b>Signature of officer</b>                                                 | <b>Date</b> <b>5/1/2012</b>                                        |
|                               | <b>James R. Kasser, MD, President</b><br>Type or print name and title       |                                                                    |
| <b>Paid Preparer Use Only</b> | <b>Print/Type preparer's name</b><br><b>E. DREW CHENEY</b>                  | <b>Preparer's signature</b><br><b>E. Drew Cheney</b>               |
|                               | <b>Firm's name</b> ▶ <b>Baker, Newman, &amp; Noyes, LLC</b>                 | <b>Date</b> <b>4/17/12</b>                                         |
|                               | <b>Firm's address</b> ▶ <b>280 Fore Street</b><br><b>Portland, ME 04101</b> | <b>Check if self-employed</b> <input type="checkbox"/> <b>PTIN</b> |
|                               |                                                                             | <b>Firm's EIN</b> ▶ <b>Phone no.</b> <b>1-800-244-7444</b>         |

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

☐ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

See Schedule O for Organization Mission Statement Continuation

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Children's Orthopaedic Surgery  
Foundation, Inc.

Form 990 (2010)

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

The Foundation provides orthopaedic surgery services to patients at Children's Hospital and other health care providers at satellite locations. The mission strives to provide care for patients with a wide range of developmental, congenital, neuromuscular, and post

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 501(c)(4) organizations and section 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 \$ 29,614,628. including grants of \$ 206,660. ) (Revenue \$ 35,243,425. )

The Foundation was organized exclusively for charitable, scientific, and educational purposes. The Foundation provides orthopaedic surgery services primarily to patients at Children's Hospital and other health care providers at satellite locations. The Foundation may charge for patient care, other medical services, and related products, provided that any net income is used exclusively for the charitable, scientific, and educational purposes for which the Foundation was created. The Foundation also provides care for patients located in Massachusetts in need of orthopaedic services regardless of their ability to pay, as well as providing and subsidizing hospital and community based services that are limited in the community.

4b (Code: ) (Expenses \$ 994,263. including grants of \$ ) (Revenue \$ 1,180,527. )

The Foundation carries on and promotes basic and applied medical research and education in the field of orthopaedics by teaching students and other medical and scientific personnel; by providing or supplementing income to research personnel through fellowships, research grants, and stipends; and by giving lectures and publishing information concerning problems and research results in the field of pediatric orthopaedics in order to educate the general public and the medical profession.

4c (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )

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

(Expenses \$ Including grants of \$ ) (Revenue \$ )

4e Total program service expenses 30,608,891.

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Foundation, Inc.**

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**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)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                | <b>1</b> X   |              |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                             | <b>2</b> X   |              |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                |              | <b>3</b> X   |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                        |              | <b>4</b> X   |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>                         | <b>5</b>     |              |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |              | <b>6</b> X   |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      | <b>7</b>     | X            |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                   |              | <b>8</b> X   |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> |              | <b>9</b> X   |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                       | <b>10</b> X  |              |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                           |              |              |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                 | <b>11a</b> X |              |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                             | <b>11b</b> X |              |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>                                             |              | <b>11c</b> X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>                                                                | <b>11d</b> X |              |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                               | <b>11e</b> X |              |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>      | <b>11f</b> X |              |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>                                                                                           | <b>12a</b> X |              |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>          | <b>12b</b>   | X            |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                  | <b>13</b>    | X            |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                              | <b>14a</b>   | X            |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     | <b>14b</b>   | X            |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>                              | <b>15</b>    | X            |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                  | <b>16</b>    | X            |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>                                                         | <b>17</b>    | X            |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                     | <b>18</b>    | X            |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                               | <b>19</b>    | X            |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                 | <b>20a</b>   | X            |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        | <b>20b</b>   |              |

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**Children's Orthopaedic Surgery  
Foundation, Inc.**

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

|                                                                                                                                                                                                                                                                                   | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                               | X   |    |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                |     | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                           | X   |    |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                               |     |    |
| 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?                                                                                                                                      |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                         |     |    |
| 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                                                                                 |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I             |     | X  |
| 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                                         | X   |    |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                 |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):                                                                                  |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                                                                         |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                                                      |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                                          |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                                                                       |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                                                                                       |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                             |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II                                                                                                                                           |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                           |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1                                                                                                                                              | X   |    |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                      |     | X  |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                       |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                  |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                                                                                                                                                                  | X   |    |

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

|     |                                                                                                                                                                                                                                                                       | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                                                          | 21  |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                       | 0   |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                              | X   |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                         | 28  |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>                                   | X   |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                         |     | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                      |     |    |
| 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)?                            |     | X  |
| b   | If "Yes," enter the name of the foreign country:<br>See instructions for 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?                                                                                                                                                                 |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                      |     | X  |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                    |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                           |     | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                         |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                         |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                       |     | X  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                       |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                  |     | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                     | 7d  |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                       |     | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          |     | X  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                      |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                    |     |    |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                             |     |    |
| a   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                               |     |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                |     |    |
| 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 |    |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                      |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><i>Note. See the instructions for additional information the organization must report on Schedule O.</i>                                                                      | 13a |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                                             | 13b |    |
| c   | Enter the amount of reserves on hand                                                                                                                                                                                                                                  | 13c |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                            | 14a | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                             | 14b |    |

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

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                       |    |    | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | 1a | 23 |     |    |
| b Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 1b | 1  |     |    |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | 2  |    |     | X  |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3  |    | X   |    |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | 4  |    |     | X  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | 5  |    |     | X  |
| 6 Does the organization have members or stockholders?                                                                                                                                                                 | 6  |    | X   |    |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        | 7a |    | X   |    |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                             | 7b |    | X   |    |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |    |    |     |    |
| a The governing body?                                                                                                                                                                                                 | 8a |    | X   |    |
| b Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b |    | X   |    |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9  |    |     | X  |

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

|                                                                                                                                                                                                                                                                                                  |     |  | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                          | 10a |  |     | X  |
| 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?                                                                             | 10b |  |     |    |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                           | 11a |  | X   |    |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                  |     |  |     |    |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                     | 12a |  | X   |    |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                              | 12b |  | X   |    |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done                                                                                                                                             | 12c |  | X   |    |
| 13 Does the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | 13  |  |     | X  |
| 14 Does the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | 14  |  | X   |    |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                          |     |  |     |    |
| a The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                         | 15a |  | X   |    |
| b Other officers or key employees of the organization                                                                                                                                                                                                                                            | 15b |  | X   |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)                                                                                                                                                                                                             |     |  |     |    |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        | 16a |  |     | X  |
| b If "Yes," 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 |  |     |    |

**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 Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Dean Bauer - (617) 355-8699**  
**300 Longwood Avenue, Boston, MA 02115**

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title             | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                   |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| James R. Kasser, MD<br>President  | 60.00                                                                                  | X                                      |                       | X       |              |                              |        | 1,114,514.                                                           | 0.                                                                        | 100,059.                                                                                      |
| John Emans, MD<br>Treasurer       | 60.00                                                                                  | X                                      |                       | X       |              |                              |        | 985,799.                                                             | 0.                                                                        | 66,749.                                                                                       |
| Peter Waters, MD<br>Clerk         | 60.00                                                                                  | X                                      |                       | X       |              |                              |        | 1,219,439.                                                           | 0.                                                                        | 100,416.                                                                                      |
| Michael Millis, MD<br>Director    | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 826,299.                                                             | 0.                                                                        | 87,036.                                                                                       |
| Timothy M. Hresko, MD<br>Director | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 908,226.                                                             | 0.                                                                        | 81,740.                                                                                       |
| Brian Snyder, MD<br>Director      | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 646,004.                                                             | 0.                                                                        | 86,450.                                                                                       |
| Lawrence Karlin, MD<br>Director   | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 852,551.                                                             | 0.                                                                        | 105,103.                                                                                      |
| Seymour Zimble, MD<br>Director    | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 605,995.                                                             | 0.                                                                        | 99,790.                                                                                       |
| Young-Jo Kim, MD<br>Director      | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 754,245.                                                             | 0.                                                                        | 79,490.                                                                                       |
| Mininder Kocher, MD<br>Director   | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 1,297,254.                                                           | 0.                                                                        | 95,789.                                                                                       |
| Daniel Hedequist, MD<br>Director  | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 867,657.                                                             | 0.                                                                        | 87,296.                                                                                       |
| Martha Murray, MD<br>Director     | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 682,523.                                                             | 0.                                                                        | 65,909.                                                                                       |
| Donald Bae, MD<br>Director        | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 881,145.                                                             | 0.                                                                        | 78,166.                                                                                       |
| Susan Mahan, MD<br>Director       | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 483,323.                                                             | 0.                                                                        | 66,743.                                                                                       |
| Gregory Melkonian, MD<br>Director | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 498,911.                                                             | 0.                                                                        | 81,886.                                                                                       |
| Samantha Spencer, MD<br>Director  | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 740,445.                                                             | 0.                                                                        | 68,268.                                                                                       |
| Travis Matheney, MD<br>Director   | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 708,323.                                                             | 0.                                                                        | 79,688.                                                                                       |

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

| (A)<br>Name and title                                           | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                 |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Dennis Kramer, MD<br>Director                                   | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 721,590.                                                             | 0.                                                                        | 82,119.                                                                                       |
| Yi-Meng Yen, MD<br>Director                                     | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 754,669.                                                             | 0.                                                                        | 69,648.                                                                                       |
| Michael Glotzbecker, MD<br>Director                             | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 194,967.                                                             | 0.                                                                        | 49,000.                                                                                       |
| Benjamin Shore, MD<br>Director                                  | 60.00                                                                                  | X                                      |                       |         |              |                              |        | 123,667.                                                             | 0.                                                                        | 57,500.                                                                                       |
| Lyle J. Micheli, MD<br>Director                                 | 2.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| Physicians' Org. at CH, Inc.<br>Independent Board Member        | 2.00                                                                                   |                                        | X                     |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| Thomas Hart<br>Highest Compensated Employee                     | 60.00                                                                                  |                                        |                       |         |              | X                            |        | 226,147.                                                             | 0.                                                                        | 54,729.                                                                                       |
| Matthew Warman, MD<br>Physician                                 | 60.00                                                                                  |                                        |                       |         |              | X                            |        | 247,000.                                                             | 0.                                                                        | 205,000.                                                                                      |
|                                                                 |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                             |                                                                                        |                                        |                       |         |              |                              |        | <b>16,340,693.</b>                                                   | <b>0.</b>                                                                 | <b>1948574.</b>                                                                               |
| <b>1c Total from continuation sheets to Part VII, Section A</b> |                                                                                        |                                        |                       |         |              |                              |        | <b>0.</b>                                                            | <b>0.</b>                                                                 | <b>0.</b>                                                                                     |
| <b>1d Total (add lines 1b and 1c)</b>                           |                                                                                        |                                        |                       |         |              |                              |        | <b>16,340,693.</b>                                                   | <b>0.</b>                                                                 | <b>1948574.</b>                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 23

|                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> 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                                               |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**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)<br>Name and business address                               | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------------------------------------|--------------------------------|---------------------|
| Hart Associates<br>3 Allied Drive, Suite 312, Dedham, MA 02026 | Billing Services               | 980,982.            |
|                                                                |                                |                     |
|                                                                |                                |                     |
|                                                                |                                |                     |
|                                                                |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1

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**Part VIII Statement of Revenue**

|                                                           |                                              |                                                                                                                                   |                                                                                 | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|-----------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1 a                                          | Federated campaigns                                                                                                               | 1a                                                                              |                      |                                                 |                                         |                                                                              |
|                                                           | b                                            | Membership dues                                                                                                                   | 1b                                                                              |                      |                                                 |                                         |                                                                              |
|                                                           | c                                            | Fundraising events                                                                                                                | 1c                                                                              |                      |                                                 |                                         |                                                                              |
|                                                           | d                                            | Related organizations                                                                                                             | 1d                                                                              | 125,000.             |                                                 |                                         |                                                                              |
|                                                           | e                                            | Government grants (contributions)                                                                                                 | 1e                                                                              |                      |                                                 |                                         |                                                                              |
|                                                           | f                                            | All other contributions, gifts, grants, and<br>similar amounts not included above                                                 | 1f                                                                              | 130,000.             |                                                 |                                         |                                                                              |
|                                                           | g                                            | Noncash contributions included in lines 1a-1f: \$                                                                                 |                                                                                 |                      |                                                 |                                         |                                                                              |
|                                                           | h                                            | Total. Add lines 1a-1f                                                                                                            |                                                                                 | 255,000.             |                                                 |                                         |                                                                              |
| Program Service<br>Revenue                                | 2 a                                          | Patient service revenue                                                                                                           | Business Code<br>621300                                                         | 24969375.            | 24969375.                                       |                                         |                                                                              |
|                                                           | b                                            | Other service revenue                                                                                                             | 621300                                                                          | 10274049.            | 10274049.                                       |                                         |                                                                              |
|                                                           | c                                            | Research, service & ot                                                                                                            | 541700                                                                          | 812,568.             | 812,568.                                        |                                         |                                                                              |
|                                                           | d                                            | Administrative, teachi                                                                                                            | 611710                                                                          | 367,960.             | 367,960.                                        |                                         |                                                                              |
|                                                           | e                                            |                                                                                                                                   |                                                                                 |                      |                                                 |                                         |                                                                              |
|                                                           | f                                            | All other program service revenue                                                                                                 |                                                                                 |                      |                                                 |                                         |                                                                              |
|                                                           | g                                            | Total. Add lines 2a-2f                                                                                                            |                                                                                 | 36423952.            |                                                 |                                         |                                                                              |
|                                                           | Other Revenue                                | 3                                                                                                                                 | Investment income (including dividends, interest, and<br>other similar amounts) |                      | 544,695.                                        |                                         | -19.                                                                         |
| 4                                                         |                                              | Income from investment of tax-exempt bond proceeds                                                                                |                                                                                 |                      |                                                 |                                         |                                                                              |
| 5                                                         |                                              | Royalties                                                                                                                         |                                                                                 |                      |                                                 |                                         |                                                                              |
| 6 a                                                       |                                              | Gross Rents                                                                                                                       | (i) Real (ii) Personal                                                          |                      |                                                 |                                         |                                                                              |
| b                                                         |                                              | Less: rental expenses                                                                                                             |                                                                                 |                      |                                                 |                                         |                                                                              |
| c                                                         |                                              | Rental income or (loss)                                                                                                           |                                                                                 |                      |                                                 |                                         |                                                                              |
| d                                                         |                                              | Net rental income or (loss)                                                                                                       |                                                                                 |                      |                                                 |                                         |                                                                              |
| 7 a                                                       |                                              | Gross amount from sales of<br>assets other than inventory                                                                         | (i) Securities (ii) Other                                                       |                      |                                                 |                                         |                                                                              |
| b                                                         |                                              | Less: cost or other basis<br>and sales expenses                                                                                   |                                                                                 |                      |                                                 |                                         |                                                                              |
| c                                                         |                                              | Gain or (loss)                                                                                                                    |                                                                                 |                      |                                                 |                                         |                                                                              |
| d                                                         |                                              | Net gain or (loss)                                                                                                                |                                                                                 | 59,448.              |                                                 | 59,448.                                 |                                                                              |
| 8 a                                                       |                                              | Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | a                                                                               |                      |                                                 |                                         |                                                                              |
| b                                                         |                                              | Less: direct expenses                                                                                                             | b                                                                               |                      |                                                 |                                         |                                                                              |
| c                                                         |                                              | Net income or (loss) from fundraising events                                                                                      |                                                                                 |                      |                                                 |                                         |                                                                              |
| 9 a                                                       |                                              | Gross income from gaming activities. See<br>Part IV, line 19                                                                      | a                                                                               |                      |                                                 |                                         |                                                                              |
| b                                                         |                                              | Less: direct expenses                                                                                                             | b                                                                               |                      |                                                 |                                         |                                                                              |
| c                                                         |                                              | Net income or (loss) from gaming activities                                                                                       |                                                                                 |                      |                                                 |                                         |                                                                              |
| 10 a                                                      |                                              | Gross sales of inventory, less returns<br>and allowances                                                                          | a                                                                               |                      |                                                 |                                         |                                                                              |
| b                                                         | Less: cost of goods sold                     | b                                                                                                                                 |                                                                                 |                      |                                                 |                                         |                                                                              |
| c                                                         | Net income or (loss) from sales of inventory |                                                                                                                                   |                                                                                 |                      |                                                 |                                         |                                                                              |
| Miscellaneous Revenue                                     |                                              |                                                                                                                                   | Business Code                                                                   |                      |                                                 |                                         |                                                                              |
| 11 a                                                      |                                              |                                                                                                                                   |                                                                                 |                      |                                                 |                                         |                                                                              |
| b                                                         |                                              |                                                                                                                                   |                                                                                 |                      |                                                 |                                         |                                                                              |
| c                                                         |                                              |                                                                                                                                   |                                                                                 |                      |                                                 |                                         |                                                                              |
| d                                                         | All other revenue                            |                                                                                                                                   |                                                                                 |                      |                                                 |                                         |                                                                              |
| e                                                         | Total. Add lines 11a-11d                     |                                                                                                                                   |                                                                                 |                      |                                                 |                                         |                                                                              |
| 12                                                        | Total revenue. See instructions.             |                                                                                                                                   | 37283095.                                                                       | 36423952.            | -19.                                            | 604,162.                                |                                                                              |

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## 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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                                           | 206,660.              | 206,660.                        |                                        |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                                             |                       |                                 |                                        |                             |
| 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                                                                                                                                                                | 17,692,894.           | 17,692,894.                     |                                        |                             |
| 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                                                                                                                                                                                                                | 7,416,921.            | 6,304,383.                      | 1,112,538.                             |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                           |                       |                                 |                                        |                             |
| 9 Other employee benefits                                                                                                                                                                                                                 | 86,255.               | 86,255.                         |                                        |                             |
| 10 Payroll taxes                                                                                                                                                                                                                          | 394,348.              | 374,549.                        | 19,799.                                |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                   | 28,295.               |                                 | 28,295.                                |                             |
| c Accounting                                                                                                                                                                                                                              | 32,124.               |                                 | 32,124.                                |                             |
| d Lobbying                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                              | 58,452.               |                                 | 58,452.                                |                             |
| g Other                                                                                                                                                                                                                                   | 86,578.               |                                 | 86,578.                                |                             |
| 12 Advertising and promotion                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 13 Office expenses                                                                                                                                                                                                                        | 621,940.              | 590,314.                        | 31,626.                                |                             |
| 14 Information technology                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 15 Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                              | 623,582.              | 623,582.                        |                                        |                             |
| 17 Travel                                                                                                                                                                                                                                 | 20,124.               | 20,124.                         |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                                 | 316,104.              | 316,104.                        |                                        |                             |
| 20 Interest                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                              | 16,271.               | 16,271.                         |                                        |                             |
| 23 Insurance                                                                                                                                                                                                                              | 835,619.              | 835,619.                        |                                        |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)                                     |                       |                                 |                                        |                             |
| a Billing and collections                                                                                                                                                                                                                 | 1,229,054.            | 1,229,054.                      |                                        |                             |
| b Research and education                                                                                                                                                                                                                  | 1,092,394.            | 1,092,394.                      |                                        |                             |
| c Bad debt expense                                                                                                                                                                                                                        | 642,718.              | 642,718.                        |                                        |                             |
| d Outside medical service                                                                                                                                                                                                                 | 388,822.              | 388,822.                        |                                        |                             |
| e PO dues                                                                                                                                                                                                                                 | 189,148.              | 189,148.                        |                                        |                             |
| f All other expenses                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                     | 31,978,303.           | 30,608,891.                     | 1,369,412.                             | 0.                          |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Children's Orthopaedic Surgery  
Foundation, Inc.**

Form 990 (2010)

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**Part X Balance Sheet**

|                                                                                                                  |                                                                                                                                                                                                                                                                                       | (A)<br>Beginning of year                                                                                                                  |             | (B)<br>End of year |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|
| <b>Assets</b>                                                                                                    | 1 Cash - non interest-bearing .....                                                                                                                                                                                                                                                   | 4,769.                                                                                                                                    | 1           | 7,108.             |
|                                                                                                                  | 2 Savings and temporary cash investments .....                                                                                                                                                                                                                                        | 8,239,122.                                                                                                                                | 2           | 8,720,291.         |
|                                                                                                                  | 3 Pledges and grants receivable, net .....                                                                                                                                                                                                                                            |                                                                                                                                           | 3           |                    |
|                                                                                                                  | 4 Accounts receivable, net .....                                                                                                                                                                                                                                                      | 3,630,610.                                                                                                                                | 4           | 3,534,387.         |
|                                                                                                                  | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....                                                                                                                           | 2,212,000.                                                                                                                                | 5           | 2,047,333.         |
|                                                                                                                  | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                                                                                                                                           | 6           |                    |
|                                                                                                                  | 7 Notes and loans receivable, net .....                                                                                                                                                                                                                                               | 370,000.                                                                                                                                  | 7           | 383,500.           |
|                                                                                                                  | 8 Inventories for sale or use .....                                                                                                                                                                                                                                                   |                                                                                                                                           | 8           |                    |
|                                                                                                                  | 9 Prepaid expenses and deferred charges .....                                                                                                                                                                                                                                         | 56,581.                                                                                                                                   | 9           | 67,278.            |
|                                                                                                                  | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                                                                                         | 750,955.                                                                                                                                  |             |                    |
|                                                                                                                  | b Less: accumulated depreciation .....                                                                                                                                                                                                                                                | 498,767.                                                                                                                                  |             |                    |
|                                                                                                                  |                                                                                                                                                                                                                                                                                       | 268,460.                                                                                                                                  | 10c         | 252,188.           |
|                                                                                                                  | 11 Investments - publicly traded securities .....                                                                                                                                                                                                                                     | 19,442,929.                                                                                                                               | 11          | 17,226,078.        |
|                                                                                                                  | 12 Investments - other securities. See Part IV, line 11 .....                                                                                                                                                                                                                         | 6,643,270.                                                                                                                                | 12          | 17,389,155.        |
|                                                                                                                  | 13 Investments - program-related. See Part IV, line 11 .....                                                                                                                                                                                                                          |                                                                                                                                           | 13          |                    |
|                                                                                                                  | 14 Intangible assets .....                                                                                                                                                                                                                                                            |                                                                                                                                           | 14          |                    |
| 15 Other assets. See Part IV, line 11 .....                                                                      | 2,232,060.                                                                                                                                                                                                                                                                            | 15                                                                                                                                        | 2,650,780.  |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....                                        | 43,099,801.                                                                                                                                                                                                                                                                           | 16                                                                                                                                        | 52,278,098. |                    |
| <b>Liabilities</b>                                                                                               | 17 Accounts payable and accrued expenses .....                                                                                                                                                                                                                                        | 530,823.                                                                                                                                  | 17          | 571,433.           |
|                                                                                                                  | 18 Grants payable .....                                                                                                                                                                                                                                                               |                                                                                                                                           | 18          |                    |
|                                                                                                                  | 19 Deferred revenue .....                                                                                                                                                                                                                                                             |                                                                                                                                           | 19          |                    |
|                                                                                                                  | 20 Tax-exempt bond liabilities .....                                                                                                                                                                                                                                                  |                                                                                                                                           | 20          |                    |
|                                                                                                                  | 21 Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                                                                                        |                                                                                                                                           | 21          |                    |
|                                                                                                                  | 22 Payables 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 .....                                                                                                                                                                                                               |                                                                                                                                           | 23          |                    |
|                                                                                                                  | 24 Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                                                                                 |                                                                                                                                           | 24          |                    |
|                                                                                                                  | 25 Other liabilities. Complete Part X of Schedule D .....                                                                                                                                                                                                                             | 5,957,307.                                                                                                                                | 25          | 8,213,994.         |
|                                                                                                                  | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                                                                            | 6,488,130.                                                                                                                                | 26          | 8,785,427.         |
|                                                                                                                  | <b>Net Assets or Fund Balances</b>                                                                                                                                                                                                                                                    | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |             |                    |
| 27 Unrestricted net assets .....                                                                                 |                                                                                                                                                                                                                                                                                       | 35,726,857.                                                                                                                               | 27          | 42,698,424.        |
| 28 Temporarily restricted net assets .....                                                                       |                                                                                                                                                                                                                                                                                       | 884,814.                                                                                                                                  | 28          | 794,247.           |
| 29 Permanently restricted net assets .....                                                                       |                                                                                                                                                                                                                                                                                       |                                                                                                                                           | 29          |                    |
| Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 <b>Total net assets or fund balances</b> .....                                                                |                                                                                                                                                                                                                                                                                       | 36,611,671.                                                                                                                               | 33          | 43,492,671.        |
| 34 <b>Total liabilities and net assets/fund balances</b> .....                                                   |                                                                                                                                                                                                                                                                                       | 43,099,801.                                                                                                                               | 34          | 52,278,098.        |

Form 990 (2010)

**Part XI** Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

|   |                                                                                                                |   |             |
|---|----------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1 | 37,283,095. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2 | 31,978,303. |
| 3 | Revenue less expenses. Subtract line 2 from line 1                                                             | 3 | 5,304,792.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 36,611,671. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                           | 5 | 1,576,208.  |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 43,492,671. |

**Part XII** Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

|                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                   |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                                                                                                      |     | X  |
| b Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                                    | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 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?                                                                                                                                                                                             |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                 |     |    |

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **Children's Orthopaedic Surgery  
Foundation, Inc.**

Employer identification number  
**04-2943146**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 supported organization? |     | X  |
| (ii) A family member of a person described in (i) above?                                                                                                                     |     | X  |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above?                                                                                                    |     | X  |
  - h Provide the following information about the supported organization(s).

| (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 |                         |
| Children's Hospital                | 04-2774441 | 3                                                                                           | X                                                                       |    | X                                                                |    | X                                                           |    | 75,000.                 |
| Harvard University                 | 04-2103580 | 2                                                                                           | X                                                                       |    | X                                                                |    | X                                                           |    | 0.                      |
|                                    |            |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |            |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |            |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |            |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| <b>Total</b>                       |            |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    | <b>75,000.</b>          |

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                               | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ..                                                                                                |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3 .....                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                             | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                          |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                                          | 14 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                                | 15 | % |
| 16a 33 1/3% support test - 2010. 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 <input type="checkbox"/>                                                                                                                                                                            |    |   |
| b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                         |    |   |
| 17a 10% -facts-and-circumstances test - 2010. 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 <input type="checkbox"/>    |    |   |
| b 10% -facts-and-circumstances test - 2009. 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 <input type="checkbox"/> |    |   |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                           |    |   |

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                    | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 through 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 \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| c Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6) .....                                                                                                                            |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                         | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 June 30, 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 section 501(c)(3) organization, check this box and stop here. ☐

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

|                                                                                                 |    |   |
|-------------------------------------------------------------------------------------------------|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | 16 | % |

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

|                                                                                                      |    |   |
|------------------------------------------------------------------------------------------------------|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) ..... | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....                        | 18 | % |

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2009. 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 ☐

Children's Orthopaedic Surgery

Schedule A (Form 990 or 990-EZ) 2010 Foundation, Inc.

04-2943146 Page 4

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

Part I, Line 11H

The Children's Orthopaedic Surgery Foundation, Inc. (the Foundation) is not required under regulations established by the Secretary, Dr. Peter Waters, to make payments to Children's Hospital (the Hospital) and Harvard Medical School (Harvard) due to the activities of the Foundation related to performing the functions of, or carrying out the purposes of the Hospital and Harvard. Although monetary support is not required, non-monetary support in the form of providing clinical services to the Hospital and teaching services to medical students of Harvard has been provided.

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
InspectionName of the organization **Children's Orthopaedic Surgery  
Foundation, Inc.**Employer identification number  
**04-2943146****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<br>are the organization's property, subject to the organization's exclusive legal control? .....                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only<br>for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring<br>impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> 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).

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                          |                                                                              |

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

|                                                                                                                                                     | Held at the End of the Tax 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, and not on a historic structure<br>listed in the National Register ..... | 2d                              |

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

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

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

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

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

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

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 (ASC 958), not to report in its revenue statement and balance sheet works of art,  
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV,  
the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical  
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts  
relating to these items:

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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                     | 884,814.         | 364,972.       | 156,642.           |                      |                     |
| b Contributions                                  | 255,000.         | 770,000.       | 100,000.           |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 345,566.         | 250,158.       | -108,330.          |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 794,248.         | 884,814.       | 364,972.           |                      |                     |

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

- a Board designated or quasi-endowment ☐ .00 %  
 b Permanent endowment ☐ .00 %  
 c Term endowment ☐ 100.00 %

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

- (i) unrelated organizations  
 (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

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

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

**Part VI 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) Accumulated depreciation | (d) Book value |
|---------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                           |                                      |                                 |                              |                |
| b Buildings                                                                                       |                                      | 264,239.                        | 52,690.                      | 211,549.       |
| c Leasehold improvements                                                                          |                                      | 156,209.                        | 115,570.                     | 40,639.        |
| d Equipment                                                                                       |                                      | 330,507.                        | 330,507.                     | 0.             |
| e Other                                                                                           |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 252,188.       |

Schedule D (Form 990) 2010

**Children's Orthopaedic Surgery  
Foundation, Inc.**

Schedule D (Form 990) 2010

04-2943146 Page 3

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

| (a) Description of security or category<br>(Including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives                                               |                |                                                              |
| (2) Closely-held equity interests                                       |                |                                                              |
| (3) Other                                                               |                |                                                              |
| (A) PO Pooled Investment                                                |                |                                                              |
| (B) Funds                                                               | 17,389,155.    | End-of-Year Market Value                                     |
| (C)                                                                     |                |                                                              |
| (D)                                                                     |                |                                                              |
| (E)                                                                     |                |                                                              |
| (F)                                                                     |                |                                                              |
| (G)                                                                     |                |                                                              |
| (H)                                                                     |                |                                                              |
| (I)                                                                     |                |                                                              |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)          | 17,389,155.    |                                                              |

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

| (a) Description of investment type                             | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|----------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                            |                |                                                              |
| (2)                                                            |                |                                                              |
| (3)                                                            |                |                                                              |
| (4)                                                            |                |                                                              |
| (5)                                                            |                |                                                              |
| (6)                                                            |                |                                                              |
| (7)                                                            |                |                                                              |
| (8)                                                            |                |                                                              |
| (9)                                                            |                |                                                              |
| (10)                                                           |                |                                                              |
| Total. (Col (b) must 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 |
|-------------------------------------------------------------------|----------------|
| (1) Due from Children's Hospital                                  | 276,076.       |
| (2) Due from Physicians' Organization                             | 1,035,819.     |
| (3) Due from Sports Medicine Foundation, Inc.                     | 1,287,508.     |
| (4) Due from Harvard Medical School                               | 51,377.        |
| (5)                                                               |                |
| (6)                                                               |                |
| (7)                                                               |                |
| (8)                                                               |                |
| (9)                                                               |                |
| (10)                                                              |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | 2,650,780.     |

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

| (a) Description of liability                                      | (b) Amount |
|-------------------------------------------------------------------|------------|
| 1. Federal income taxes                                           |            |
| (2) Due to Children's Hospital                                    | 1,157,924. |
| (3) Due to Children's Sports Medicine Foundation, Inc.            |            |
| (4) Due to Physicians' Organization                               | 1,044,317. |
| (5) Severance plan obligation                                     | 162,876.   |
| (6) Accrued deferred compensation obligation                      | 2,810,921. |
| (7) Patient credit balances                                       | 2,123,176. |
| (8) Accrued professional liability                                | 5,154.     |
| (9)                                                               | 909,626.   |
| (10)                                                              |            |
| (11)                                                              |            |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 8,213,994. |

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

**Children's Orthopaedic Surgery  
Foundation, Inc.**

Schedule D (Form 990) 2010

04-2943146 Page 4

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

|    |                                                                                          |    |             |
|----|------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 37,283,095. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 31,978,303. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 5,304,792.  |
| 4  | Net unrealized gains (losses) on investments                                             | 4  | -169,677.   |
| 5  | Donated services and use of facilities                                                   | 5  |             |
| 6  | Investment expenses                                                                      | 6  |             |
| 7  | Prior period adjustments                                                                 | 7  |             |
| 8  | Other (Describe in Part XIV.)                                                            | 8  | 1,745,885.  |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  | 1,576,208.  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 6,881,000.  |

**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  | 39,204,869. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments                                             | 2a | -169,677.   |
| b | Donated services and use of facilities                                          | 2b |             |
| c | Recoveries of prior year grants                                                 | 2c |             |
| d | Other (Describe in Part XIV.)                                                   | 2d | 2,091,451.  |
| e | Add lines 2a through 2d                                                         | 2e | 1,921,774.  |
| 3 | Subtract line 2e from line 1                                                    | 3  | 37,283,095. |
| 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 |             |
| c | Add lines 4a and 4b                                                             | 4c | 0.          |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 37,283,095. |

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

|   |                                                                                  |    |             |
|---|----------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 31,978,303. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities                                           | 2a |             |
| b | Prior year adjustments                                                           | 2b |             |
| c | Other losses                                                                     | 2c |             |
| d | Other (Describe in Part XIV.)                                                    | 2d |             |
| e | Add lines 2a through 2d                                                          | 2e | 0.          |
| 3 | Subtract line 2e from line 1                                                     | 3  | 31,978,303. |
| 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 |             |
| c | Add lines 4a and 4b                                                              | 4c | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 31,978,303. |

**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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, line 4: Assets limited to use represent assets held in trust**

that are available to pay for future benefits to participants of the  
deferred compensation plans and investments whose use has been restricted  
by donors to a specific time period or purpose.

**Part XI, Line 8 - Other Adjustments:**

Unrealized changes in limited partnership interest 1,745,885.

**Part XIV** Supplemental Information (continued)

## Part XII, Line 2d - Other Adjustments:

|                                                    |            |
|----------------------------------------------------|------------|
| Net assets released from restrictions              | 345,566.   |
| Unrealized changes in limited partnership interest | 1,745,885. |
| Total to Schedule D, Part XII, Line 2d             | 2,091,451. |

## Part X, FIN 48 Footnote:

The Foundation is a tax-exempt corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code"), and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. In addition, the Foundation qualifies for the charitable contribution deduction under Section 170(b)(1)(A), and has been classified as an organization that is not a private foundation under Section 509(a)(2). Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. The Foundation has evaluated the position taken on its filed tax returns. The Foundation has concluded that no uncertain income tax positions exist at June 30, 2011. The Foundation's tax years from 2008 through 2011 are potentially subject to examination.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **Children's Orthopaedic Surgery  
Foundation, Inc.**

Employer identification number  
**04-2943146**

**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" to 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. Part II can be duplicated 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 |
|---------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Children's Hospital Boston<br>300 Longwood Avenue<br>Boston, MA 02115                                         | 04-2774441 | 501(c)(3)                     | 75,000.                  | 0.                                | N/A                                                   | N/A                                    | General Support                    |
| Orthopaedic Research and Education<br>Fund - 6300 N. River Road, Suite<br>700 - Rosemont, IL 60018            | 36-6009467 | 501(c)(3)                     | 49,100.                  | 0.                                | N/A                                                   | N/A                                    | General Support                    |
| Arthritis Foundation, Inc.<br>29 Crafts Street, Suite 450<br>Newton, MA 02458                                 | 04-2113261 | 501(c)(3)                     | 6,700.                   | 0.                                | N/A                                                   | N/A                                    | General Support                    |
| Little People of America, Inc.<br>250 El Camino Real, Suite 201<br>Tustin, CA 92780                           | 94-2965067 | 501(c)(3)                     | 10,000.                  | 0.                                | N/A                                                   | N/A                                    | General Support                    |
| Osteogenesis Imperfecta<br>Foundation, Inc. - 804 W. Diamond<br>Avenue, Suite 210 - Gaithersburg,<br>MD 20878 | 23-7076021 | 501(c)(3)                     | 10,000.                  | 0.                                | N/A                                                   | N/A                                    | General Support                    |
| Wheelock Family Theater<br>200 The Riverway<br>Boston, MA 02215                                               | 04-2103639 | 501(c)(3)                     | 15,000.                  | 0.                                | N/A                                                   | N/A                                    | General Support                    |
| <b>2</b> Enter total number of section 501(c)(3) and government organizations                                 |            |                               |                          |                                   |                                                       |                                        | 8.                                 |
| <b>3</b> Enter total number of other organizations                                                            |            |                               |                          |                                   |                                                       |                                        | 0.                                 |

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

Schedule I (Form 990) (2010)

Page 1

[illegible]

**Grants and Other Assistance to Individuals in the United States**

|                |                                                                                                                                                  |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information. |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

provided grant donations to other 501(c)(3) organizations.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Children's Orthopaedic Surgery  
Foundation, Inc.

Employer identification number

04-2943146

**Part I Questions Regarding Compensation**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes       | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <p><b>1a</b> Check the appropriate 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.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel<br/> <input type="checkbox"/> Travel for companions<br/> <input type="checkbox"/> Tax indemnification and gross-up payments<br/> <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div> |           |    |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1b</b> |    |
| <p><b>2</b> 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?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>2</b>  |    |
| <p><b>3</b> 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.</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee<br/> <input type="checkbox"/> Independent compensation consultant<br/> <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract<br/> <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>                                                                                                                                                                                                          |           |    |
| <p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |    |
| <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> | X  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4b</b> | X  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4c</b> | X  |
| <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |    |
| <p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |    |
| <p><b>5</b> 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:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |    |
| <p><b>a</b> The organization?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>5a</b> | X  |
| <p><b>b</b> Any related organization?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5b</b> | X  |
| <p>If "Yes" to line 5a or 5b, describe in Part III.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |    |
| <p><b>6</b> 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:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |    |
| <p><b>a</b> The organization?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>6a</b> | X  |
| <p><b>b</b> Any related organization?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>6b</b> | X  |
| <p>If "Yes" to line 6a or 6b, describe in Part III.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |    |
| <p><b>7</b> 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>  | X  |
| <p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>8</b>  | X  |
| <p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>9</b>  |    |

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

Schedule J (Form 990) 2010

# Children's Orthopaedic Surgery

Schedule J (Form 990) 2010

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Foundation, Inc.

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) Retirement and other 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 reportable compensation |                                                |                         |                                 |                                                            |
| 1 James R. Kasser, MD    | (i) 376,137.                                       | 188,150.                            | 550,227.                            | 65,743.                                        | 34,316.                 | 1,214,573.                      | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 2 John Emans, MD         | (i) 376,742.                                       | 328,150.                            | 280,907.                            | 65,743.                                        | 1,006.                  | 1,052,548.                      | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 3 Peter Waters, MD       | (i) 378,264.                                       | 257,418.                            | 583,757.                            | 65,743.                                        | 34,673.                 | 1,319,855.                      | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 4 Michael Millis, MD     | (i) 352,832.                                       | 352,150.                            | 121,317.                            | 65,743.                                        | 21,293.                 | 913,335.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 5 Timothy M. Hresko, MD  | (i) 378,265.                                       | 170,150.                            | 359,811.                            | 65,743.                                        | 15,997.                 | 989,966.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 6 Brian Snyder, MD       | (i) 316,743.                                       | 230,150.                            | 99,111.                             | 65,743.                                        | 20,707.                 | 732,454.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 7 Lawrence Karlin, MD    | (i) 277,265.                                       | 213,250.                            | 362,036.                            | 65,743.                                        | 39,360.                 | 957,654.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 8 Seymour Zimble, MD     | (i) 138,264.                                       | 352,250.                            | 115,481.                            | 65,743.                                        | 34,047.                 | 705,785.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 9 Young-Jo Kim, MD       | (i) 318,265.                                       | 230,150.                            | 205,830.                            | 65,743.                                        | 13,747.                 | 833,735.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 10 Mininder Kocher, MD   | (i) 436,743.                                       | 268,150.                            | 592,361.                            | 65,743.                                        | 30,046.                 | 1,393,043.                      | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 11 Daniel Hedequist, MD  | (i) 400,743.                                       | 88,250.                             | 378,664.                            | 65,743.                                        | 21,553.                 | 954,953.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 12 Martha Murray, MD     | (i) 220,743.                                       | 326,150.                            | 135,630.                            | 65,743.                                        | 166.                    | 748,432.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 13 Donald Bae, MD        | (i) 318,265.                                       | 172,250.                            | 390,630.                            | 65,743.                                        | 12,423.                 | 959,311.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 14 Susan Mahan, MD       | (i) 184,743.                                       | 227,950.                            | 70,630.                             | 65,743.                                        | 1,000.                  | 550,066.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 15 Gregory Melkonian, MD | (i) 184,743.                                       | 227,950.                            | 86,218.                             | 65,743.                                        | 16,143.                 | 580,797.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 16 Samantha Spencer, MD  | (i) 288,265.                                       | 125,950.                            | 326,230.                            | 65,743.                                        | 2,525.                  | 808,713.                        | 0.                                                         |
|                          | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |

Schedule J (Form 990) 2010

# Children's Orthopaedic Surgery

Foundation, Inc.

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Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) Retirement and other 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 reportable compensation |                                                |                         |                                 |                                                            |
| 1 Travis Matheney, MD     | (i) 286,743.                                       | (ii) 125,950.                       | (iii) 295,630.                      | 65,743.                                        | 13,945.                 | 788,011.                        | 0.                                                         |
|                           | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 2 Dennis Kramer, MD       | (i) 243,265.                                       | (ii) 170,950.                       | (iii) 307,375.                      | 65,743.                                        | 16,376.                 | 803,709.                        | 0.                                                         |
|                           | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 3 Yi-Meng Yen, MD         | (i) 216,743.                                       | (ii) 195,950.                       | (iii) 341,976.                      | 65,743.                                        | 3,905.                  | 824,317.                        | 0.                                                         |
|                           | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 4 Michael Glotzbecker, MD | (i) 91,667.                                        | (ii) 40,000.                        | (iii) 63,300.                       | 49,000.                                        | 0.                      | 243,967.                        | 0.                                                         |
|                           | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 5 Benjamin Shore, MD      | (i) 91,667.                                        | (ii) 10,000.                        | (iii) 22,000.                       | 49,000.                                        | 8,500.                  | 181,167.                        | 0.                                                         |
|                           | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 6 Thomas Hart             | (i) 198,547.                                       | (ii) 25,000.                        | (iii) 2,600.                        | 49,000.                                        | 5,729.                  | 280,876.                        | 0.                                                         |
|                           | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 7 Matthew Warman, MD      | (i) 76,180.                                        | (ii) 0.                             | (iii) 170,820.                      | 0.                                             | 205,000.                | 452,000.                        | 0.                                                         |
|                           | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| 8                         | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                            |
|                           | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                            |
| 9                         | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                            |
|                           | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                            |
| 10                        | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                            |
|                           | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                            |
| 11                        | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                            |
|                           | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                            |
| 12                        | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                            |
|                           | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                            |
| 13                        | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                            |
|                           | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                            |
| 14                        | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                            |
|                           | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                            |
| 15                        | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                            |
|                           | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                            |
| 16                        | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                            |
|                           | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                            |

Schedule J (Form 990) 2010

Children's Orthopaedic Surgery  
Foundation, Inc.

04-2943146

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Schedule J (Form 990) 2010

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.

Part I, Line 4a: The Foundation established a nonqualified severance benefit plan called the Children's Orthopaedic Surgery Foundation, Inc. Severance Benefit Plan, effective as of September 1, 1991, to supplement the severance, death or disability benefits available to certain employees of the Foundation. The Board of Directors designates eligible employees and determines benefits. The Severance Benefit Plan was frozen as of December 31, 2004. Although the assets of the trust have been irrevocably set aside for payment of deferred compensation benefits, they are subject first to the claims of the Foundation's creditors in the event the Foundation is subject to bankruptcy proceedings. The liability owed to the plan participants as of June 30, 2011 are: James R. Kasser, MD (President) \$502,377; John B. Emans, MD (Treasurer) \$549,342; Peter Waters, MD (Clerk) \$481,883; Michael B. Millis, MD (Director) \$642,636; Timothy Hresko, MD (Director) \$133,224; Brian Snyder, MD (Director) \$62,263; Seymour Zimblar, MD (Director) \$62,863; Young-Jo Kim, MD (Director) \$49,810; Minider Kocher, MD (Director) \$230,813; and Lyle Micheli, MD (Director) \$95,708.

Part I, Line 5: The Children's Orthopaedic Surgery Foundation, Inc.

Schedule J (Form 990) 2010

Children's Orthopaedic Surgery  
Foundation, Inc.

04-2943146

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Schedule J (Form 990) 2010

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.

(the Foundation) paid bonus compensation based on revenues of the Foundation. Bonuses are normally paid in June and December. There is an income statement maintained for each physician. The bonuses are based on the excess balance accumulated in each physician's income statement, the performance of the physician during the six month period, the necessary reserve requirement of three month's salary plus any other reserve deemed appropriate by the Chief of the Department.

Schedule J (Form 990) 2010

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open To Public  
Inspection

Name of the organization **Children's Orthopaedic Surgery  
Foundation, Inc.**

Employer identification number  
**04-2943146**

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

Complete if the organization 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            | 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.**

Complete if the organization 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? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                                           | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| Donald Bae, MD -                          |                                       | X    | 400,000.                      | 240,000.        |                 | X  | X                                   |    | X                      |    |
| Daniel Hedequist,                         |                                       | X    | 400,000.                      | 133,333.        |                 | X  | X                                   |    | X                      |    |
| Samantha Spencer,                         |                                       | X    | 350,000.                      | 210,000.        |                 | X  | X                                   |    | X                      |    |
| Mininder Kocher,                          |                                       | X    | 640,000.                      | 384,000.        |                 | X  | X                                   |    | X                      |    |
| Dennis Krammer, M                         |                                       | X    | 100,000.                      | 60,000.         |                 | X  | X                                   |    | X                      |    |
| Dennis Krammer, M                         |                                       | X    | 300,000.                      | 180,000.        |                 | X  | X                                   |    | X                      |    |
| Yi-Meng Yen, MD -                         |                                       | X    | 100,000.                      | 60,000.         |                 | X  | X                                   |    | X                      |    |
| Travis Matheney -                         |                                       | X    | 100,000.                      | 60,000.         |                 | X  | X                                   |    | X                      |    |
| Martha Murray, MD                         |                                       | X    | 400,000.                      | 400,000.        |                 | X  | X                                   |    | X                      |    |
| Lawrence Karlin -                         |                                       | X    | 300,000.                      | 240,000.        |                 | X  | X                                   |    | X                      |    |
| Total                                     |                                       |      |                               | \$ 2,047,333.   |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990 or 990-EZ) 2010

See Part V for Continuations

Children's Orthopaedic Surgery  
Foundation, Inc.

04-2943146

Schedule L (Form 990 or 990-EZ) 2010

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**Part IV** Business Transactions Involving Interested Persons.

Complete if the organization 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                                     | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**Schedule L, Part II, Loans To and From Interested Persons:**

(a) Name of Person: Donald Bae, MD

(a) Purpose of Loan: Retention

(a) Name of Person: Daniel Hedequist, MD

(a) Purpose of Loan: Retention

(a) Name of Person: Samantha Spencer, MD

(a) Purpose of Loan: Retention

(a) Name of Person: Mininder Kocher, MD

(a) Purpose of Loan: Retention

(a) Name of Person: Dennis Krammer, MD

(a) Purpose of Loan: Recruitment

(a) Name of Person: Dennis Krammer, MD

(a) Purpose of Loan: Retention

(a) Name of Person: Yi-Meng Yen, MD

Schedule L (Form 990 or 990-EZ) 2010

Children's Orthopaedic Surgery

Schedule L (Form 990 or 990-EZ) 2010 Foundation, Inc.

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**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(a) Purpose of Loan: Retention

(a) Name of Person: Travis Matheney

(a) Purpose of Loan: Recruitment

(a) Name of Person: Martha Murray, MD

(a) Purpose of Loan: Retention

(a) Name of Person: Lawrence Karlin

(a) Purpose of Loan: Retention

(a) Name of Person: Michael Glotzbecker, MD

(a) Purpose of Loan: Recruitment

(b) Loan to or from organization? = From

(c) Original Principal Amount \$ 100,000. (d) Balance Due \$ 80,000.

(e) Loan in Default? = No

(f) Approved by Board or Committee? = Yes

(g) Written Agreement? = Yes

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Children's Orthopaedic Surgery  
Foundation, Inc.

Employer identification number  
04-2943146

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

services to Children's Hospital and Harvard Medical School. The Foundation also provides care for patients located in Massachusetts in need of orthopaedic services, regardless of their ability to pay, as well as providing and subsidizing hospital and community based services that are limited in the community.

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

traumatic problems of the musculoskeletal system. The Foundation also provides care for patients located in Massachusetts in need of orthopaedic services, regardless of their ability to pay.

Form 990, Part VI, Section A, line 1: A majority of the Children's Orthopaedic Surgery Foundation, Inc. (the Foundation) board members are physicians who are not independent from the Foundation. However, the Foundation participates in an integrated delivery system with the Children's Hospital (the Hospital), which does have a community board. The Foundation was organized in 1986. At that time, the board was composed entirely of physicians, a board structure that was approved by the Internal Revenue Service. The Foundation has since adjusted the board structure to make it more responsive to the Hospital by adding the Physicians' Organization at Children's Hospital, Inc. (the PO) as a member. See Schedule O, Part VI, Questions 3, 6, 7b, and 12 for more details on the PO's rights.

Form 990, Part VI, Section A, line 3: The Physicians' Organization at

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization Children's Orthopaedic Surgery  
Foundation, Inc.

Employer identification number  
04-2943146

Children's Hospital, Inc. (the PO) is a Class "C" member of Children's  
Orthopaedic Surgery Foundation, Inc. (the Foundation). The PO is  
responsible for all third party contracting for the Foundation. The PO has  
the power to select the independent auditor and legal counsel of the  
Foundation from an approved list of firms mutually agreed to by the PO and  
the Foundation. The PO also has the right to review, but not to approve,  
the annual operating budget and all capital budgets of the Foundation.  
Lastly, the PO has the right to review for compliance with applicable law,  
the general terms of and any modification to physician compensation and  
benefit plans for all physician employees of the Foundation. The PO is  
considered the compensation committee of the Foundation.

Form 990, Part VI, Section A, line 6: The Children's Orthopaedic Surgery  
Foundation, Inc. (the Foundation) has three classes of members. The Chief  
of the Department of Orthopaedic Surgery (the Department) of the Children's  
Hospital is a Class "A" member. Each person who is a member of the  
Foundation, other than the Chief of the Department, may become a Class "B"  
member of the Foundation upon recommendation by the Class "A" member and  
approval of the Class "B" members. The Physicians' Organization at  
Children's Hospital, Inc. is a Class "C" member of the Foundation.

Form 990, Part VI, Section A, line 7a: According to the Articles of  
Organization, the Chief of the Department of Orthopaedic Surgery of  
Children's Hospital is the Class "A" member of Children's Orthopaedic  
Surgery Foundation, Inc. (the Foundation). Each person who is a member of  
the Foundation, other than the Chief of the Department, is a Class "B"  
member of the Foundation. The Class "A" and "B" members of the Foundation  
elect the Board of Directors from nominees presented by the Executive

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Committee at their annual meeting. Each member is entitled to one vote upon  
any question at any meeting of the members.

Form 990, Part VI, Section A, line 7b: The Physicians' Organization at  
Children's Hospital, Inc. (the PO) is a Class "C" member of Children's  
Orthopaedic Surgery Foundation, Inc. (the Foundation). The PO is  
responsible for all third party contracting for the Foundation. The PO has  
the power to select the independent auditor and legal counsel of the  
Foundation from an approved list of firms mutually agreed to by the PO and  
the Foundation. The PO also has the right to review, but not to approve,  
the annual operating budget and all capital budgets of the Foundation.  
Lastly, the PO has the right to review for compliance with applicable law,  
the general terms of and any modification to physician compensation and  
benefit plans for all physician employees of the Foundation. The PO is  
considered the compensation committee of the Foundation. As a Class "C"  
member of the Foundation, the PO attends the Foundation's annual meeting  
and has certain voting rights. The PO as a Class "C" member has one of the  
23 votes.

Form 990, Part VI, Section B, line 11: The detailed review will be  
conducted by the President of the Foundation, James R. Kasser, MD and the  
accountant, Dean Bauer. An electronic copy will be provided to the Board  
along with a hard copy of Form 990 prior to filing. The detailed review  
will be conducted before filing the return with the Internal Revenue  
Service.

Form 990, Part VI, Section B, Line 12c: The Physicians' Organization at  
Children's Hospital, Inc. (the PO) administers an annual conflict of

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

Form 990, Part VI, Section B, Line 15: All the physicians (top management,  
officers, and highly compensated individuals) fall under compensation  
guidelines determined by Harvard University with limitations established  
for certain positions/ranks within the medical school. Annually,  
compensation is reviewed and reported to the Hospital's Board of Trustees  
to ensure that total direct and indirect compensation does not exceed the  
pre-determined guidelines of Harvard University. Any new indirect benefit  
plan requires approval by the Foundation's Board of Directors, which then

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must be reviewed and permitted by the Hospital. Major procedures of the  
approval process involve: comparing compensation data of physicians within  
the comparable field of medicine; indirect compensation currently being  
offered; and the financial stability of the Foundation. The process was  
followed for year ended June 30, 2011.

Form 990, Part VI, Section C, Line 19: The Foundation maintains all  
financial records, conflict of interest policies, and governing documents  
at its main office at 300 Longwood Avenue, Boston, MA 02115. The  
documents are available upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

|                                                           |                   |
|-----------------------------------------------------------|-------------------|
| <u>Net unrealized losses on investments:</u>              | <u>-169,677.</u>  |
| <u>Unrealized changes in limited partnership interest</u> | <u>1,745,885.</u> |
| <u>Total to Form 990, Part XI, Line 5</u>                 | <u>1,576,208.</u> |

Part VI, Question 13

Currently, the Foundation does not have a whistleblower policy.  
However, the board committee has plans to develop this policy in the  
next year.

Part X, Column A: The prior year column of the balance sheet on Form  
990 was updated to agree to the audited financial statements, in which  
the prior year classifications were revised. The lines that were  
updated are: Line 1 was changed from \$4,770 to \$4,769; Line 5 was  
updated from \$2,581,999 to \$2,212,000; Line 7 was updated from \$0 to  
\$370,000; Line 16 was updated from \$43,099,801 to \$43,098,093; Line 25  
was updated from \$5,158,764 to \$5,957,307; Line 26 was updated from

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\$5,744,670 to \$6,486,422; Line 27 was updated from \$36,470,317 to  
\$35,726,857; Line 33 was updated from \$37,355,131 to \$36,611,671; and  
Line 34 was updated from \$43,099,801 to \$43,098,093.

Part XI, Question 2c: The audit process has not changed from the prior  
year.

**SCHEDULE R**  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047  
**2010**  
Open to Public  
Inspection

Name of the organization

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Foundation, Inc.

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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
|                                                        |                         |                                                     |                     |                           |                                     |
|                                                        |                         |                                                     |                     |                           |                                     |
|                                                        |                         |                                                     |                     |                           |                                     |
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|                                                        |                         |                                                     |                     |                           |                                     |
|                                                        |                         |                                                     |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization                                                | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
|                                                                                                         |                         |                                                     |                               |                                                           |                                     | Yes                                                | No |
| Children's Hospital - 04-2774441<br>300 Longwood Avenue<br>Boston, MA 02115                             | Hospital                | Massachusetts                                       | 501(c)(3)                     | Line 3<br>N/A                                             |                                     |                                                    | X  |
| Physicians' Org. at Children's Hospital,<br>Inc. - 04-3266103, 300 Longwood Avenue,<br>Boston, MA 02115 | Physician Organization  | Massachusetts                                       | 501(c)(3)                     | Line 11a, I<br>N/A                                        |                                     |                                                    | X  |
|                                                                                                         |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                         |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                         |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                         |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                         |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                         |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                         |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                         |                         |                                                     |                               |                                                           |                                     |                                                    |    |

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

Schedule R (Form 990) 2010

Schedule B (Form 990) 2010  
Foundation, Inc.  
04-2943146 Page 2

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

[illegible]

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

[illegible]

Children's Orthopaedic Surgery  
Foundation, Inc.

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

|                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------|-----|----|
| a Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity                |     | X  |
| b Gift, grant, or capital contribution to other organization(s)                                | X   |    |
| c Gift, grant, or capital contribution from other organization(s)                              | X   |    |
| d Loans or loan guarantees to or for other organization(s)                                     | X   |    |
| e Loans or loan guarantees by other organization(s)                                            | X   |    |
| f Sale of assets to other organization(s)                                                      |     | X  |
| g Purchase of assets from other organization(s)                                                |     | X  |
| h Exchange of assets                                                                           |     | X  |
| i Lease of facilities, equipment, or other assets to other organization(s)                     |     | X  |
| j Lease of facilities, equipment, or other assets from other organization(s)                   |     | X  |
| k Performance of services or membership or fundraising solicitations for other organization(s) | X   |    |
| l Performance of services or membership or fundraising solicitations by other organization(s)  | X   |    |
| m Sharing of facilities, equipment, mailing lists, or other assets                             | X   |    |
| n Sharing of paid employees                                                                    | X   |    |
| o Reimbursement paid to other organization for expenses                                        | X   |    |
| p Reimbursement paid by other organization for expenses                                        | X   |    |
| q Other transfer of cash or property to other organization(s)                                  |     | X  |
| r Other transfer of cash or property from other organization(s)                                |     | X  |

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)<br>Name of other organization | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----|-----------------------------------|----------------------------------|------------------------|-------------------------------------------------|
| (1) |                                   |                                  |                        |                                                 |
| (2) |                                   |                                  |                        |                                                 |
| (3) |                                   |                                  |                        |                                                 |
| (4) |                                   |                                  |                        |                                                 |
| (5) |                                   |                                  |                        |                                                 |
| (6) |                                   |                                  |                        |                                                 |

total assets or gross revenue)

[illegible]

|                            |                                 |
|----------------------------|---------------------------------|
| Schedule R (Form 990) 2010 |                                 |
| <b>Part VII</b>            | <b>Supplemental Information</b> |

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.