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A For the 2011 calendar year, or tax year beginning MAR 1, 2012



CHANGE OF ACCOUNTING PERIOD

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)

and ending SEP 30, 2012

2011)
2011

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

	В	heck if policeble:	C Name of organization		D Employer Identifi	cation number
	_					
	<u> </u>	Address change	CHMC Otolaryngologic Foundation, Inc.			
	<u></u>	Name change Initial	Doing Business As			751258
	<u> </u>	return	Number and street (or P 0, box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	<u></u>	Termin- aled	300 Longwood Avenue		(617)355-6463
	<u></u>	Amenda			G Gross receipts \$	13,938,091.
	L	Applica- lion pending			H(a) is this a group r	
		harinad	F Name and address of principal officer: Michael J. Cunningh	iam, MD	for affiliates?	Yes X No
			same as C above		H(b) Are all affiliates in	cluded? Yes No
			npt etatus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	7 527	If "No," attach a	ı list. (see Instructions)
			:►N/A		H(c) Group exemption	n number 🕨
_	KF	orm of a	rganization; X Corporation Trust Association Other	L Year	of formation: 1982	M State of legal domicile; MA
	Pa		Summary			· · · · · · · · · · · · · · · · · · ·
	•	1 8	riefly describe the organization's mission or most significant activities: The F	'ounda	tion provid	es
	Activities & Governance	.c	tolaryngology services primarily to pati	ents	at (see_Sch	edule 0)
	Ē		heck this box If the organization discontinued its operations or dispos	ed of more		
	9		lumber of voting members of the governing body (Part Vi, line 1a)	11-11	2 9 2013 a.	
	Č		lumber of independent voting members of the governing body (Part VI, line 1b)			ō
	8	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2e)		5	
	Ę	6 T	otal number of volunteers (estimate if necessary)		:CIV. U 1 6	1 0
	Έ	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	384.
	⋖		et unrelated business taxable income from Form 990-T, line 34		7b	0;
					Prior Year	Current Year
	é)	8 C	ontributions and grants (Part VIII, line 1h)		0.	17,000.
F3231	Revenue		rogram service revenue (Part VIII, fine 2g)		24,025,649.	13,827,651.
	8		vestment income (Part VIII, column (A), fines 3, 4, and 7d)		99,086.	87,621.
35	Œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
A K			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,124,735.	13,932,272.
JENVELOPE JUL 2			rants and similar amounts paid (Part IX, column (A), lines 1-3)		2,551,739.	55,500.
S y	;		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ħ			elaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		18,093,326.	10,207,272.
<u>د</u>	Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
\subseteq	8		otal fundraising expenses (Part IX, column (D), line 25)	ö. 🚍		
	ă		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,007,012.	2,574,558.
			otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,652,077.	12,837,330.
0			evenue less expenses. Subtract line 18 from line 12		-527,342.	1,094,942.
2013	<u>⊭%</u>	10 1	eveniue less expenses. Submiger with to monthine 12		Inning of Current Year	End of Year
ದ	Assets or 8 Balances	00 T	atal accests (Dart V. Bar 40)	<u> </u>	26,297,820.	26,685,571.
	33	i	otal assets (Part X, line 16)		8,672,062.	7,517,536.
	# E		otal liablikies (Part X, line 26)	····	17,625,758.	19,168,035.
	温	22 N क्याच	et assets or fund balances. Subtract line 21 from line 20 Signature Block	,,	11,023,136.	13,100,033.
			es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	into and to the heat of m	u knowledge and hellef it is
<u>G</u>	Uniac	a peresu	and complete. Declaration of preparer (other than officer) is based on all information of whi	oh oranarar i	hae any kaomindon	y knowicage and belief, it is
ξ.	800,	correct	and complete. Declaration of preparer (differ than officer) is deserted in an information of with	Cii preparer	7-16-	12
ź			Signature of officer		Date	
Z	Sigr	' l:	Michael J. Cunningham, MD, President			
	Hen	°	Type or print name and title			
C	'	- +!		- 111	ate , Check	PTIN
	O Paid		PrintType preparer's name E. Drew Cheney Preparer's signature E. Drew Chen		2/2/2/17	D00400070
				4	1 224 1 10 100	
	⊣Prep SUae :		im's name Baker, Newman, and Noyes, LLC	<u> </u>	Firm's EIN	01-0494526
<i>₽</i>		omy F	im's address 280 Fore Street		n	000 244 2444
		<u> </u>	Portland, ME 04101		I Prione no. 1	-800-244-7444
			discuss this return with the preparer shown above? (see instructions)			Yes X No
2	¥3200	1 01-23-	LHA For Paperwork Reduction Act Notice, see the separate instruction		nh Gamblania	Form 990 (2011)
		ъ е	e Schedule O for Organization Mission St	areme:	ut continua	LIOH . I

	990 (2011) CHMC Otolaryngologic Foundation, Inc. 04-2751258 F	age 2
i. 6		\mathbf{x}
1	Check If Schedule O contains a response to any question in this Part III	<u> </u>
•	The Foundation provides otolaryngology services primarily to patients	1
	at Boston Children's Hospital and other health care providers at	
	satellite locations. The Foundation carries on and promotes basic and	
	applied medical research and education in the field (see Schedule O)	
2	Did the organization undertake any significant program services during the year which were not listed on	.
	the prior Form 990 or 990-EZ?	J No
_	If "Yes," describe these new services on Schedule O.	7.
3	Did the organization cease conducting, or make algolificant changes in how it conducts, any program services?	סא ר
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4	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	
48	(Coda) (Expenses \$ 12,475,725. Including grants of \$ 55,500.) (Revenue \$ 13,656,45	2.1
	The Foundation was organized exclusively for charitable, scientific,	
	and educational purposes. The Foundation provides otolaryngology	
	services primarily to patients at Boston Children's Hospital and to	
	other health care providers at satellite locations. The Foundation ma	<u>Y</u>
	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 regardless of their ability to pay, as well as providing and subsidizing hospital a	
	community based services that are either unavailable or limited	na
	elsewhere in the community.	
	CIDOWNELL IN CHE COMMUNICY:	
4b	(Code) (Expenses \$156,398. Including grants of \$) (Revenue \$171,19	9.1
	The Foundation receives income from Boston Children's Hospital for	 ,
	providing administrative, supervision, and teaching services. The	
	Foundation carries on and promotes basic and applied medical research	
	and education in the field of otolaryngology by teaching students and	
	other medical and scientific personnel; by providing, or supplementing	<u>g</u>
	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 otolaryngolog	<u>g</u>
	in order to educate the general public and the medical profession.	<u>Y</u>
	In order to careace the general public and the medical profession.	
40	(Code:) (Expenses \$ including grents of \$) (Revenue \$	
		— '
	·	
4d	Other program services (Describe in Schedule O.)	
	(Expanses \$ Including grants of \$) (Revenue \$	
40	Total program service expenses ► 12,632,123.	
13200	Form 990 (2	011)

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Form 990 (2011) CHMC Otolaryngologic Foundation, Inc. 04-2751258 Page 3
Part W 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)?	ſ	1	
	If "Yes," complete Schedule A	1	X	L
2	Is the organization required to complete Schedule 8, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		i	
	public office? // "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	l		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III	8		X
6	Old the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ì	l '	1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	8		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	•7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
8	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 repeir, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable ·	蒼遠		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,			-
	Part VI	118	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 167 // "Yes," complete Schedule D, Part VII	116	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 167 // "Yes," complete Schedule D, Part VIII	11c		X
ď	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		. 1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	114		X
0	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X	110	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)? If "Yes," complete Schedule D, Part X	111	X	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and If the organization answered "No" to line 12e, then completing Schedula D, Parts XI, XII, and XIII is optional	12b	X	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		- 1	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Old the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ı	12
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"		ļ	
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
Ь	If "Yes" to line 20a, did the organization attach a copy of its sudited financial statements to this return?	20b		
		Form!	9 90 (2	(1105

132003 01-23-12

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ŀ	ł	۱
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ļ	١.	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	<u> </u>	X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		ŀ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If 'No', go to line 25	248		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			-
	any tax-exempt bonds?	24c	l	<u> </u>
d	Did the organization act as an "on behalf of" issuar for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	l		
	Schedule L, Part I	26b		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	26	1	х
27	Old the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>	\vdash	_
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			3 . 3
	instructions for applicable filing thresholds, conditions, and exceptions):			<u> </u>
	A current or former officer, director, trustee, or key employee? If "Yes, "complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
٥	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	2.5		
•	contributions? // "Yes, "complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	H30		 ** -
J ,		20		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?!/ "Yes," complete	31		-
32		20		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I]		х
34		33		
34	Was the organization related to any tax-exempt or texable entity?	ا مر ا	х	
00-	If "Yes," complete Schedule R, Perts II, III, IV, and V, line 1	34	4	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	l l		.,
	saction 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
38	Section 601(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	l _		٠
	If "Yes," complete Schedule R, Part V, line 2	36	\vdash	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Old the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197			İ
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Form Par	990 (2011) CHMC Otolaryngologic Foundation, Inc. 04-2751	258	Р	ере 🤄
	Chack If Schedule O contains a response to any question in this Part V			
			Van	No
1a	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable		105	NO
ь	Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable 1b			
·	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable garring		星星	
•	(gambling) winnings to prize winners?		E E	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	10	- 15 m	
	Black for the color of the colo		탈.	臺
h				
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	==	<u>. </u>
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		A
	If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Щ.
48	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)?	48	<u> </u>	X
	If "Yes," enter the name of the foreign country:		72	
	See Instructions for Illing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		美麗	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	Ш	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8888-T?	6c		
68	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?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	вь		
7	Organizations that may receive deductible contributions under section 170(c).			_
а	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?	7a	-7 .	$\overline{\mathbf{x}}$
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to 10e Form 82827	70		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of care, bosts, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 609(s)(3) supporting organizations. Did the supporting		i.cz	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	= .	2.227
	Sponsoring organizations maintaining donor advised funds.		***	
	Old the organization make any taxable distributions under section 4966?	9a	JE I	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter.			
		讍		
8	Initiation fees and capital contributions included on Part VIII, line 12	弄	量:	
11				
	Section 501(c)(12) organizations, Enter:			
	Gross Income from members or shareholders		즖	
	Gross Income from other sources (Oo not net amounts due or paid to other sources against		臺	
	amounts due or received from them.)		量	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		<u> </u>
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
	is the organization (icensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	臺山	黨	露:
	Enter the amount of reserves the organization is required to maintain by the states in which the			富:
	organization is ficensed to issue qualified health plans		홄튑	
	Enter the amount of reserves on hand	臺		F
	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		
		Form	990 (2	2011)

	990 (2011) CHMC Otolaryngologic Foundation, Inc. 04-2751 1-VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			age 6
	Check if Schedule O contains a response to any question in this Part VI			\mathbf{X}
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing		崖	霻
	body dalagated broad authority to an executive committee or similar committee, explain in Schedule O.			
_	Enter the number of voting members included in line 1a, above, who are independent	匵		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	and the state of t	* == =	2:47	X
_	officer, director, trustee, or key employee?	2	 	 ^-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	١.	x	
	of officers, directors, or trustees, or key employees to a management company or other person?	3	├ ^-	├ ₩
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	├—	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 -	X
6	Did the organization have members or stockholders?	8	X	<u> </u>
70	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7 a	X	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Į.	İ	
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		蒙岩	عَبد
a	The governing body?	8a	Х	Ĺ
	Each committee with authority to act on behalf of the governing body?	8ь	X	
8	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Revenue Code.)			
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
118	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3	71.1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	128	X	 -
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? if "Yes," describe	120		 -
·		12c	x	
13	In Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
			X	_
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			F . T.
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		₹	<u>== -</u>
	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	16b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		53	T.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		芸	臺
	taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	근	鲁	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4	垩	噩
	exempt status with respect to such arrangements?	18b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaliab	e	
	for public inspection, indicate how you made these available. Chack all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	clai	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
	Norman Dean - (617)355-6463			
	300 Longwood Avenue, Boston, MA 02115			
132000 01-23-		Form	990 (2011)
		-	•	•

Form 990 (2	2011) CHMC	! Otolaryngologic	Foundation,	Inc.	04-2751258	Page		
Partiy	Compensation of Offi	icers, Directors, Trustee	s, Key Employees,	Highest Co	mpensated			
Employees, and Independent Contractors								
	Check If Schedule O contain	ns a response to any question in	this Part VII			🗀		
04 4	000 71 1							

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

132007 01-23-12

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

- List ell of the organization's current officere, 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 ourrent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)	Ť) 			(0)	(E)	(F)
Name and Title	Average	l		Pos	llion			Reportable	Reportable	Estimated
	hours per	box	(do not check more than o box, unless person is both			ia bo	Un an	compensation	compensation	amount of
	week	Off	*	dad	Prect.	or/hou	tee)	from	from related	other
	(describe	ğ					1	the	organizations	compensation
	hours for related	ş	B			P		organization	(W-2/1099 MISC)	from the
	organizations	Trestor or c	institutional sustem		2	Ê	ı	(W 2/1099-MISC)		organization and related
	in Schedule	Í	1	١.	臣	S E	_			organizations
	0)	Individual	屋	17	Kay employee	Kybest compens employee	툍			
(1) Michael J. Cunningham, MD							┌			
President	60.00	x		Х		ı	l	0.	0.	0.
(2) Reza Rahbar, MD			1	Ī	Г	Г	Г			
Vice President	60.00	x		X		l	l	0.	0.	0.
(3) Trevor McGill, MD			Г			Г	Г			
Treasurer/Clerk	60.00	x	l	Х		l	1	0.	0.	0.
(4) Dwight Jones, HD		Г	Г		Г	T	Г			
Director	60.00	Х				1	ļ	0.	0.	0.
(5) Kenneth R. Whittemore, MD		Π	Γ		Г	Ì	Г			
Director	60.00	X	i			<u></u>	١.	0.	0.	0.
(6) Howard Shane, MD		Г				П				
Director	60.00	X			l	1		0.	0.	0.
(7) Physicians' Organization at CH.			Π	П		Г	Г			
Institutional Trustee	2.00	1	X					0.	0.	0.
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						_				
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	<u> </u>		L_			1_				
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	<u>i </u>	<u> </u>								
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	<u> </u>				L	L	L			

orm 990 (2011) CHMC OTO.	Laryngo.	ro	110	2 1	rot	inc	18	tion, inc.	04-2	<u> 127</u>	256 Page 8
Part: VII Section A. Officers, Directors, Tre	stees, Key E	mple	yee	8, 8	nd l	ilgh	est	Compensated Employ	ees (continued)		
(A) Name and title	Average hours per week	Position (do not check more than one to per box, unless person is both ar				i Uhan- Is boli	one h en	(D) Reportable compensation from	(E) Reportable compensation from related	on	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual treater or derector	hsfludosa rustro	Office	Key employee	Alghest compensated employee	Former .	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	.	compensation from the organization and related organizations
		L			_					\dashv	
		_	H			_			·		
					_						·
	·					-	-				
						_					
						▶		0.		0.	0.
c Total from continuation sheets to Part VI	I, Section A					\triangleright		0.		0.	0.
d Total (add lines 1b and 1c)		<u>-</u> -			<u></u> .	>		0.		0.	0.
Total number of Individuals (Including but no compensation from the organization.)	ot limited to th	980	Uste	d et	DOVE	a) wf	10 F	eceived more than \$100	0.000 of reported	le ·	0
3 Did the organization list any former officer,											Yes No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	le co	mp	ense	ition	and	oth	ner compensation from	the organization		3 X 4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	comper	ารสโ	ion f	rom	any	unr	eiat	ed organization or Indiv	idual for services		5 X
Section B. Independent Contractors										<u></u>	
Complete this table for your five highest co the organization. Report compensation for										pensa	ation from
(A) Name and business	address	NO	ONE	2			_	(B) Description of s	ervices		(C) ompensation
							4				
· · · · · · · · · · · · · · · · · · ·	-			·			\dashv				
							4				
	<u> </u>						+	·			
Total number of Independent contractors (in \$100,000 of compensation from the organization)	_	at ilr	nite	to	thos O		ted	above) who received m	ore than		'7
					_					F	orm 980 (2011)

132008 01-23-12

CHMC Otolaryngologic Foundation, Inc. 04-2751258 Statement of Revenue (D)
Revenue
excluded from
tax under
sections 512,
613, or 514 (A) (C) **(B)** Total revenue Related or Unrelated exempt function business revenue revenue 1 a Federated campaigns b Membership dues 1b 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 17,000 g Noncash contributions included in lines 1s-1t; \$ h Total. Add lines 1a-1f ... 17,000 Business Code 2ª Patient service revenu 621500 13141942. 13141942 470,856. 171,199. b Consulting and misc. 541900 470,856 Education and research 611710 171,199. 43,654 d Other service revenue 541700 43,654. 1 All other program service revenue 13827651. g Total. Add lines 2a-2f investment income (including dividends, interest, and other similar amounts) 82,561 384 82,177. Income from investment of tex-exempt bond proceeds Royallies (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ... d Net rental income or (loss) 7 a Gross amount from sales of (li) Other 10.879 assets other than inventory b Less: cost or other basis 5,819 and sales expenses 5,060. c Gain or (loss) 5,060 060 8 a Gross income from fundralsing events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _ b c Net Income or (loss) from fundraising events 9 a Gross income from garning activities. See b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Cod 11 8 d All other revenue ... e Total. Add lines 11a-11d ______ 13932272 384. Total revenue. See instructions. 87,237. 132009 01-23-12 Form 990 (2011)

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).

com	olete columns (B), (C), and (D).				
	Check if Schedule O contains a respo	nse to any question in ti			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expanses	(D) Fundralsing expenses
1	Grants and other assistance to governments and	·			
	organizations in the United States. See Part IV, line 21	55,500.	55,500.		
2	Grants and other assistance to individuals in]		
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16		<u> </u>		
4	Benefits paid to or for members		<u> </u>	美工工业 ,其	
5	Compensation of current officers, directors,	l			
	trustees, and key employees	2,815,692.	2,815,692.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	P 204 654	.		
7	Other salaries and wages	5,521,331.	5,521,331.		
8	Pension plan accruals and contributions (include	400 010	400 046		
_	section 40 f(x) and section 403(b) employer contributions)	420,216.	420,216.	3 444	
9	Other employee benefits	1,337,069.		3,983.	
10	Payroll taxes	112,964.	112,964.		
11	Fees for services (non-employees):]		
8	Management	- F. M. A.A.A.		PR AAA	<u> </u>
þ	Legal	57,902.		57,902.	
c	Accounting	7,880.		7,880.	
đ	Lobbying				
8	Professional fundraising services. See Part IV, line 17	48,440.			
f	Investment management fees		7,799.	48,440.	······································
g	Other	57,806.	1,199.	50,007.	
12	Advertising and promotion	474,887.	454,806.	20 001	
13	Office expenses	4/4,00/.	434,800.	20,081.	
14	Information technology				·
15	Royalties	392,735.	392,735.		
16 17	Occupancy	374,133.	334,133.	·	
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials		•		
19	Conferences, conventions, and meetings	158,354.	158,354.		
20		130,3341	130,334.		
21	Payments to affiliates			•	
22	Depresentation deniation and assessment	15,284.	15,284.		
23	Insurance	192,723.		16,914.	
24	Other expenses, Itemize expenses not covered				
	abrive (List miscellareous expenses in line 24e it line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
B	Billing and collections	766,804.	766,804.		A STATE OF THE STA
b	Bad debt expense	150,077.	150,077.		
c	PO Dues	127,371.	127,371.		
ď	Professional relations	85,127.	85.127.		
8	All other expenses	39,168.	39,168,	·····	
25	Total functional expenses. Add lines 1 through 24e	12,837,330.	12,632,123.	205,207.	0.
28	Joint costs. Complete this fine only if the organization				
	reported in column (B) joint costs from a combined		}	l	
	educational campaign and fundralsing solicitation.		Ì	Į	
	Check here It following SOP 98-2 (ASC 958-720)			ļ	
132010	01-23-12				Form 990 (2011)
					, T TTT (CV)

: 41	L:Y	Balance Sheet			
			(A) Beginning of yea		(B) End of year
	1	Cash - non-interest-bearing	3,876,43		1,826,254
	2	Savings and temporary cash investments	7,418,2	56. 2	5,906,700
	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net	2,660,86	0. 4	2,691,156
	6	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
J		of Schedule L	18,80	00.6	0
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
١		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	330,00	0. 7	305,000
	8	Inventories for sale or use	·	8	1
	9	Prepaid expenses and deferred charges	1 000 04		761,965
ı	10a	Land, buildings, and equipment: cost or other		=== === -	
ı		basis. Complete Part VI of Schedule D 10a 490, 52	8.		
	ь	Less: accumulated depreciation 10b 439,52		5 · 10c	51,001
1	11	Investments - publicly traded securities	* * * * - *		7,296,458
1	12	Investments - other securities. See Part IV, line 11	" E AA9 10	6. 12	7,251,353
ı	13	Investments - program-related. See Part IV, line 11		13	7,251,333
	14	Intangible assets		14	
	16	Other assets. See Part IV, line 11	1,315,83		595,684
	18	Total assets, Add lines 1 through 15 (must equal line 34)	26,297,82		26,685,571
す	17		404 00		461,052
١	18	Grants payable	•••	18	401,032
-	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities	•	20	
ı	21	Escrow or custodial account flability. Complete Part IV of Schedule D	··· 	21	
ı		Payables to current and former officers, directors, trustees, key employees,			
-		highest compensated employees, and disqualified persons. Complete Part II			
-		101		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	·		_	
-	25	Unsecured notes and loans payable to unrelated third parties	···	24	<u> </u>
-1	23.	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
-			8,268,01	n . l 🚛	7,056,484
1	26	Take the broken and the second	8,672,06	2. 26	7,517,536
╅	20	Organizations that follow SFAS 117, check here		4. 20	5,500
-		lines 27 through 29, and lines 33 and 34.			
ļ	27	Unrestricted net assets	16,079,67	9. 27	17,673,545
1	28	*** * * * * * * * * * * * * * * * * * *	***		1,494,490
		Temporarily restricted net assets			1,232,230
1	20	Permanently restricted net assets Organizations that do not follow SFAS 117, check here	··· 24.	29	
ł	20	complete lines 30 through 34.			
1	30	Capital stock or trust principal, or current funds	···	30	
- [Paid in or capital surplus, or land, building, or equipment fund		31	.
1	32	Retained earnings, endowment, accumulated income, or other funds	17,625,75	9 32	10 120 725
- [33	Total net assets or fund balances	26,297,82	8 . 33	19,168,035 26,685,571
	34	Total liabilities and net assets/hund balances	1 40,431,04	U . 34	1 40.003,3/1

	1990 (2011) CHMC Otolaryngologic Foundation, Inc.	04-2	2751258	Pa	ige 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		*** ***** *** **	·····	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,93		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,83		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,09		
4	Net assets or fund balances at beginning of year (must equal Part X, fine 33, column (A))	4	17,62		
5	Other changes in net assets or fund balances (axplain in Schedule O)	5			35.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Pert X, line 33, column (B))	6	19,16	8,0	35.
Pa	t-XIII Financial Statements and Reporting		_		
	Check If Schedule O contains a response to any question in this Part XII.	<u></u>			<u>[X]</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Account Control Contr				F
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		融體	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue			罿	
	separate basis, consolidated basis, or both:			墨	
	Separate basis Consolidated basis X Both consolidated and separate basis				罿
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Size	ngle Audi	t i		
	Act and OMB Circular A-133?		3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				L
			Form	990 ((2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

Department of the Treasury Internal Revenue Service

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

Name of the organization

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

Open to Public Inspection

Enuployer Identification number

		CHMC	Otolaryngolo	gic For	ındati	on, l	inc.	[04	4-2751	L25B	
Part.	Reason	for Public C	harity Status (All org	anizations m	ust comple	te this pa	rt.) See ins	tructions.				
The organ			tion because it is: (For lir									
1 🗀			ches, or association of c					ւ				
2 🗀			n 170(b)(1)(A)(ii). (Attack				-1-1(-1(-1(-1)(-1)(-1)	•				
3 🔲			Ospital service organizat			1707574	I/A WIII)					
4 👿			ion operated in conjunc					VAV1YAVI	II) Entert	he hospita	l'e name	
4 (44)			Children's H							ne nospita	10 (10/110	"
в 🗀			the benefit of a cotege									—
د د				a chiverenty c	PWINEG OF Q	berared o	y a govern	ITHERILEN UN	it describ	BO III		
. —		(b)(1)(A)(iv). (Co	•									
• H		-	mment or governmental					•				
7 []	-	=	receives a substantial p	art of its sup	port from a	Governm	ental unit c	or from the	e Geveren I	public desc	nl bedh:	1
_		b)(1){A}(vi). (Cor										
▫╚	A community	trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)				-			
₽└─	An organizati	on that normally	receives: (1) more than	33 1/3% of It	s support f	rom contr	ibutions, n	nembersh	lp fees, ar	nd gross re	celpts fr	rom
	activities rela	ted to its exemp	t functions - subject to c	ertain except	ions, and (Z) no mor	e than 33 1	1/3% of its	s support	from gross	i Investr	nent
	income and u	inrelated busine	es taxable income (less:	section 511 t	ex) from bu	esesenisı	acquired b	y the orga	anization e	after June :	30, 1975	5
	See section	509(a)(2). (Com	plete Part III.)									
10	An organizati	on organized an	d operated exclusively t	test for put	lic safety.	See section	on 609(a)(4	\$ }.				
11 🔲	An organizati	ion organized an	d operated exclusively f	or the benefit	of, to perfe	orm the fu	nctions of	or to can	ry out the	purposes	of one o	f
	more publicly	supported orga	inizations described in s	ection 509(a)	(1) or section	on 509(a) (2). See se	ction 509	a)(3). Che	ck the box	c that	
	describes the	type of suppor	ting organization and co	mplete lines	1e through	5 11h.						
	a Type!		Type (I	о 🔲 ту	e III · Fund	tionally in	tegrated		d 🗀	Type III - I	Other	
• <u> </u>	By checking	thts box, I cartify	that the organization is			•	_	r more dis	qualified (persons ot	ner than	į
	-		ter than one or more put		-		-					
f		_	written determination from		•				- (-)(-)			
•		rganization, che									•	
		-	he organization accepte									
g	_		Indirectly controls, either					_			Yes	No
		-	•		-					11g(1)	1.00	110
			te supported organization									
			erson described in (i) abo								1	—
			of a person described in			••••••				[118(iii)		—
h	Provide the f	ogowing rutowa	tion about the supporter	organization	1(8).							
		r — — — — — — — — — — — — — — — — — — —	(III) Type of	Pr. 3 to 45 a		Lan Older		(4)	the I			
٠,,	of supported	(II) EIN	organization		organization Isted in your		io moiny ina Lion In col	(vi) is organizati	on in col.	, ,	nount of	
orga	inization		(described on lines 1	-9 lagverning	document?		r support?	(i) organi U.S		enb	port	
			above or IRC section	^ <u>-</u>				ļ				
			(see instructions)	Yes	No	Yes	No	Yes	No			
				i		l						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 -

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	edule A (Form 990 or 990-EZ) 2011 artill: Support Schedule for	Organizations	Described in	Sections 170	Ib)(1)(A)((v) and	170/61/1/A)	Pege 2
	(Complete only if you checke						•
	falls to qualify under the test			~	on the spanish		organization
Sa	ction A. Public Support						
_		(0) 0007	(h) 0000	(-) 0000	(-0.00.00	(=) 0044	/0.Tabel
	endar your (or fless) year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	Ī	1				
	include any "unusual grants.")			 			-
2	Tax revenues levied for the organ-		·		į l		
	ization's benefit and either paid to	ļ			1		
_	or expended on its behalf			 			
3	The value of services or facilities	ł					
	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	-73			建筑		
	amount shown on line 11,						
	commu (f)						
	Public support. Subtract line 5 from line 4						
$\overline{}$	ction B. Total Support	T		,			
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross Income from Interest,				ı		
	dividends, payments received on					İ	
	securities loans, rents, royalties						
	and income from similar sources						
Ð	Net Income from unrelated business						
	activities, whether or not the					ŀ	
	business is regularly carded on						
10	Other income. Do not include gain						
	or loss from the sale of capital					ŀ	
	assets (Exptain in Part IV.)						
11	Total support. Add lines 7 through 10					星心(三)	
	Gross receipts from related activities,		200)		,	12	
13	First five years. If the Form 980 is for	r the organization's				501(c)(3)	
	organization, check this box and stop		**** *** *! <u>***</u> * * * * * * * * * * * * * * * * *	***************************************			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	96
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	96
16a	33 1/3% support test - 2011. If the d	organization did no	t check the box or	n line 13, and line	14 ls 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						
þ	33 1/3% support test - 2010. If the o	organization did no	t check a box on I	ne 13 or 16a, and	line 15 ts 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicity s	supported organiza	ation			▶□
178	10% -facts-and-circumstances test	t - 2011. If the org	anization did not o	heck a box on line	13, 16a, or 18b, a	nd line 14 is 10% o	Y more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
_	more, and if the organization meats th						on u
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 18	9. 16h 17a nz 17h	or chack this have	nd saa instructions	"⋯【計
<u> </u>	The state of the s	Dis rist Grount &		-,		tule A /Form 000	

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 18s, 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, 19s, or 19b, check this box and see instructions

102023 01-24-12

Schedule A (Form 990 or 990-EZ) 2011

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, 11s, 11b, 11c, 11d, 11e, 11f, 12s, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2011

Open to Public

Inspection

Employer identification number Name of the organization 04-2751258 CHMC Otolaryngologic Foundation, Inc. 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Partill Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat 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 b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regerding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. ta 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 118 (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, fine 1 (ii) Assets Included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part Vill, line 1 b Assete included in Form 990, Part X

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Schedule D (Form 990) 2011

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	dule D (Form 990) 2011 CHMC Ot	olaryngolo	gic Founda	tion,	Inc.		04-27	5125	В _Р	age 2
_	Corganizations Maintaining C									
3	and and and and	ion, and other record	is, check any of the	following th	at are a	significant	use of its	collection	n Iten	ns
	(check all that apply):									
8	Public exhibition	d	Loan or exc							
b	Scholarly research	•	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIV.		
5	During the year, did the organization solicit of							_	_	_
F14=	to be sold to raise funds rather than to be m	aintained as part of t	he organization's or	offection?		,	<u>L</u>	Yes		No
<u>Pa</u>	Escrow and Custodial Arran		ete if the organization	n answered	"Yes" to	Form 99), Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
18	is the organization an agent, trustee, custod							_		_
	on Form 990, Part X?	·					L	Yes		J No
b	If "Yes," explain the arrangement in Part XIV									
								Amount		
C	Beginning balance	••••••••	••••••			. 10				
đ	Additions during the year		· · · · · · · · · · · · · · · · · · ·			. <u>1d</u>				
0	Distributions during the year					. <u>1e</u>				
f	Ending balance					17	L			
2 a	Did the organization include an amount on F	orm 990, Part X, line	217				∟	Yes	L	No
<u>_b</u>	If "Yes," explain the arrangement in Part XIV.	<u> </u>								
.Kai	Endowment Funds. Complete I	If the organization an	swered "Yes" to Fo	m 990, Par	IV, line	10.		,		
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three	years back	(e) Four	years	back
18	Beginning of year balance	1,546,079.	2,921,079.	·	7,362.					
	Contributions	17,000.			5,000.	2,	500,000.			
	Net investment earnings, gains, and losses			2	8,717,		17,362.		- 1.E.	
ď	Grants or scholarships									
0	Other expenditures for facilities				}					
	and programs	68,589.	1,375,000.							
	Administrative expenses									
g	End of year balance	1,494,490.	1,546,079.	2,92	1,079.	2,	517,362.			建置
2	Provide the estimated percentage of the cur		e (line 1g, column (e	i)) held as:						
8	Board designated or quasi-endowment	.00	_%							
	Permanent endowment > 00	 %							•	
C	Temporarily restricted endowment ▶ 10									
_	The percentages in lines 2a, 2b, and 2c shou					_				
38	Are there endowment funds not in the posse	sssion of the organize	ation that are held a	nd administ	Bred for t	ne organi	zation			
	by:								Yes	No_
	(I) unrelated organizations							3 _B (1)		 _
	(II) related organizations									
Þ	If "Yes" to 3a(ii), are the related organizations					· · · · · · · · · · · · · · · · · · ·		3b		
1000	Describe in Part XIV the intended uses of the									
Cal	tiVis Land, Buildings, and Equipm				(1) 4			(-0.0 · · · ·		
	Description of property	(a) Cost or of				ccumulati		(d) Book	VAIUE	9
	I and	basis (Investo	nent) basis	(Oli Fei)	UB	preciation				
18	Land	·		_	-		-			
D	Buildings	···		3,438.		3,4	38			0.
	Leasehold improvements			8,669.		348,8		२ व	,7	
	Equipment		30	8,421.		87,2		11	- 5	72
_	Other					0,,2	~	51	7 0	<u> </u>

Rart VII Investments - Other Securities. See	Form 990. Part X. line 1	2.	. <u>04 2731230 Page</u> .
(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuation: rend-of-year market value
(1) Financial derivatives	·	f	
(2) Closely-haki equity interests			
(3) Other			
(A) P.O. Pooled Investment			
(g) Fund, LLC	7,251,353.	End-of-Yea	r Market Value
(C)		ļ	
(E)		 	
(F) (G)			
(H)		 	
0		 	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	7,251,353.		
Part VIII Investments - Program Related. See	Form 990, Part X, line 1	13.	
(a) Description of Investment type	(b) Book value	(c)	Method of valuation: end-of-year market value
(1)			
(2)			
(3)			
(4)			
<u>(6)</u>	···		
<u>(7)</u>		 	·
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part X Other Assets. See Form 890, Part X, line 15	5.		
	scription		(b) Book value
(1)			
(2)			
(3)	<u> </u>		
(4)			
(5)			
<u>(6)</u> (7)			
			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 1 Part X Other Liabilities. See Form 990, Part X, th	5.)		
1. (a) Description of liability		(b) Book value	
(1) Federal Income taxes			
(2) Due to Children's Hospital		1,213,675.	
(3) Due to Physicians' Organiz	ation	152,114.	
(4) Accrued bonuses		1,040,527.	
(5) Deferred compensation obli	gations	2,375,588.	
(6) After tax plan obligation		1,878,921.	
m Accrued professional liabi	lity	395,659.	
(8)			
(9)		<u></u> -	
45			
(10)			
(11)	5)	7 056 494	
(11) Total. (Column (b) must equal Form 990, Part X, col (B) Ena 2.	5.)	7,056,484.	
	5.)	7,056,484.	

	edule D (Form 990) 2011 CHMC Otolaryngologic Founda TEXT: Reconciliation of Change in Net Assets from Form 990 to A				04-	2751258	Page 4
1					<u> </u>	13,932	595
•	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		12,837	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		1,094	
4	Net unrealized gains (losses) on investments	,,		4		447	,335.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (nst). Add lines 4 through 6			9		447	335.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		1,542	<u>.277.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts Wil	h Rever	we pe	r Returr		
1	Total revenue, gains, and other support per audited financial statements		.,		1	14,448	196.
2	Amounts included on line 1 but not on Form 990, Part Viii, line 12:						
a	Net unrealized gains on investments	28	44	7,33	5.		
þ	Donated services and use of facilities	2ь					
C	Recoverles of prior year grants	20					
d	Other (Describe in Part XIV.)		6	8,58	9.		
	Add fines 2a through 2d				20	515,	924.
3	Subtract line 2e from line 1				. 3	13,932,	272.
4	Amounts included on Form 990, Part VIII, fine 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV.)	4b					
0	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	13,932,	272.
·P.ai	TEXIII Reconciliation of Expenses per Audited Financial Stateme	nts W	th Expe	nses p	er Retu	rn	
1	Total expenses and losses per audited financial statements				1	12,837,	330.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	**** ******	••••••		· 臺灣		
	Donated services and use of facilities	28					
ь	Prior year adjustments	2b	·· ·				
-	Other losses	2c			一黨		
d	Other (Describe in Part XIV.)	2d	•				
	Add lines 2a through 2d		_		20		0.
3	Subtract line 2e from line 1				3	12,837,	330.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				写		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			達		
b	Other (Describe in Part XIV.)				-		
_	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				` -	12,837,	330.
	t-XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	Dnes 1e	and 4: Par	1 IV. line	s 1b and 2	b: Part V. line	t: Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						.,
Par	t V, line 4: The endowment funds represent	ass	ets ti	hat	are he	eld in	
							
tru	est that are temporarily restricted by the	dono	r to 1	be u	sed fo	or	
rec	ruitment to advance clinical research acti-	viti	es and	d qua	ality		
							•
imp	provement initiatives.						
Par	t XII, Line 2d - Other Adjustments:						
N7 - 4	assets released from restrictions					60	589.
ME	. ABBECS TELEGRACE TION TERCETCUME					60,	203.

Schedule D (Form 990) 2011

132054 01-23-12

Schedule D (Form 990) 2011 CHMC Otolaryngologic Foundation, Inc. 04-2751258 Page 5 [Part: XIV] Supplemental Information (continued)
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)(1). Tax-exempt organizations could be required to record an
obligation for income taxes as the result of a tax position they have
historically taken on various tax exposure items including unrelated
business income or tax status. Management of the Foundation has evaluted
the positions taken on its filed tax returns. The Foundation has concluded
that no uncertain income tax positions exist at September 30, 2012. The
Foundation's tax years from 2009 through 2012 are potentially subject to
examination.
·
<u> </u>
<u> </u>
•

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

Open to Public

Employer identification number 04 - 2751258(h) Purpose of grant or assistance X Yes General Support Receral Support Remeral Support 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.

If applicable cash grant cash grant assistance ot government cash gra 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 : Ö 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 5,000. 25,000. 25,000. CHMC Otolaryngologic Foundation, Inc. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501(c)(3) 501(c)(3) 04-3400617 | SO1(c)(3) 04-3314093 04-2774441 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Boston Children's Rospital Boston Medical Center 800 Washington Street rufts Medical Center 300 Longwood Avenue 660 Rarrison Avenue Boston, MA 02118 Boston, MA 02115 Boston, MR 0,2111 Partil

132 101 01-27-12

Schedule I (Form 990) (2011)

04-2751258

Schedule I (Form 990) (2011)

4,1

Schedule I (Form 990) (2011)

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.

Name of the organization

CHMC Otolaryngologic Foundation, Inc.

Employer Identification number 04-2751258

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

Boston Children's Hospital and other health care providers at satellite locations. The Foundation also provides care for patients regardless of their ability to pay, as well as providing and subsidizing hospital and community based services that are either unavailable or limited elsewhere in the community.

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

of otolaryngology by teaching students and other medical and scientific

personnel. The Foundation also provides care for patients regardless of
their ability to pay.

Form 990, Part VI, Section A, line 1: The majority of the CHMC

Otolaryngologic Foundation, Inc. (the Foundation) board members are

physicians who are not independent from the Foundation. However, the

Foundation is part of an integrated delivery system with Boston Children's

Hospital (the Hospital) which does have a community board. The Foundation

was organized in 1982. At the 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 by adding

the Physicians' Organization at Children's Hospital, Inc. (the PO) as a

member. See Schedule O, Part VI, Question 3, 6, 7b, and 12 for more on the

PO's rights.

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

Children's Hospital, Inc. (the PO) is a Class "C" member of the CHMC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 890-EZ. Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number 04-2751258

CHMC Otolaryngologic Foundation, Inc.

Otolaryngologic Foundation, Inc. (the Foundation). The PO is responsible for all third party payor contracting for the Foundation. The PO has the power to select the independent auditor and legal counsel for 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 modifications to physician compensation and benefit plans for all physician employees of the Foundation.

Form 990, Part VI, Section A, line 6: The CHMC Otolaryngologic

Foundation, Inc. (the Foundation) has three classes of members. The Chief
of the Department of Otolaryngology (the Department) of Boston Children's

Hospital (the Hospital) is the sole Class "A" member. Any member of the

Department (other than the Chief) who holds a professional staff
appointment in otolaryngology at the Hospital, has a full-time faculty
appointment from Harvard Medical School, and who is geographically
full-time at the Hospital shall be a Class "B" member. The Physicians'
Organization at Children's Hospital, Inc. is the Class "C" member of the
Foundation.

Form 990, Part VI, Section A, line 7a: According to the Articles of
Organization, the Class "A" member is the Chief of the Department of
Otolaryngology (the Department) of Boston Children's Hospital (the
Hospital). Any other member of the Department who holds a professional
staff appointment in otolaryngology at the Hospital, has a full-time
faculty appointment from Harvard Medical School, and who is geographically
full-time at the Hospital shall be a Class "B" member. Class "A" and "B"

| 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132712 | 132

Name of the organization

CHMC Otolaryngologic Foundation, Inc.

Employer Identification number 04-2751258

members shall hold their membership as long as he/she remains qualified for membership. Only Class "A" and "B" members may vote in annual meetings or other elections or serve on the CHMC Otolaryngologic Foundation's Board of Directors and may nominate candidates for election to the Board of Directors.

Form 990, Part VI, Section A, line 7b: The Physicians' Organization at Children's Hospital Inc. (the PO) is a Class "C" member of the CHMC Otolaryngologic Foundation, Inc. (the Foundation). The PO is responsible for all third party payor 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 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 laws, the general terms of and any modifications to physician compensation and benefit plans for all physician employees of the Foundation. As a Class "C" member of the Foundation, the PO attends the Foundation's annual meeting.

Form 990, Part VI, Section B, line 11: The detailed review will be conducted by the President of the Foundation, Michael J. Cunningham, MD, and the administrator, Norman Dean. A copy of the Form 990 will be provided to the Board prior to filing. The detailed review will be conducted before filing the return with the Internal Revenue Service.

 Name of the organization
CHMC Otolaryngologic Foundation, Inc.

Employer identification number 04-2751258

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 disclosure 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 issues 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 (Harvard) with limitations established for certain positions/ranks within the medical school.

Annually, compensation is reviewed and reported to Boston Children's Hospital's (the Hospital) Board of Trustees to ensure that total direct and indirect compensation does not exceed the pre-determined guidelines of Harvard. Any new indirect benefit plan requires approval by the CHMC Otolaryngologic Foundation, Inc.'s (the Foundation) Board of Directors, Schedule O (Form 990 or 990-EZ) (2011)

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Name of the organization CHMC Otolaryngologic Foundation, Inc.	Employer Identification number 04-2751258
which then must be reviewed and permitted by the Hospital	
of the approval process involve: comparing compensation of	
within the comparable field of medicine; indirect compens	
being offered; and the financial stability of the Foundat	
was followed for the seven months ended September 30, 201	.2.
Form 990, Part VI, Section C, Line 19: The Foundation mai	ntains all
financial records, conflict of interest policies, and gov	verning documents
at its main office at 300 Longwood Avenue, Boston, MA 021	15. The documents
are available upon request.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized gains on investments:	447,335.
	·····
Form 990, Part VII:	
Due to this being a short year tax period not including a	December 31,
no compensation is being reported in Part VII, Sections A	and B as
there was no reportable (i.e. calendar year) compensation	for the
period. All 2012 calendar year compensation will be repor	ted on the
Organization's Form 990 for the year ended September 30,	2013.
Form 990, Part XII, Line 2c:	
The audit process has not changed from the prior year.	
132212 01-23-12 - Scher	dule O (Form 990 or 990-EZ) (2011)

Department of the Treasury Internal Revenue Service SCHEDULER Form 990)

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.

2011

OMB No. 1545-0047

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Employer identification number 04-2751258

CHMC Otolaryngologic Foundation, Inc. Name of the organization

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

Direct controlling entity 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.) End-of-year assets ٩ Total income 9 Legal domicile (state or foreign country) ũ Primary activity Name, address, and EIN of disregarded entity

Section 5 (2b)(13) controlled entity? Yes No M M Direct controlling entity 8 Public charity status (if section 501(c)(3)) Line 11e, I Line 3 Exempt Code section 501(c)(3) 501(c)(3) T Legal domicile (state or foreign country) Assachusetts Massachusetts Physician Organization Primary activity ê tospital Hospital, Inc. - 04-3266103, 300 Longwood Boston Children's Bospital - 04-2774441 Physicians Organization at Children's Name, address, and EN of related organization Avenue, Boston, MA 02115 300 Longwood Avenue 02115 Boston, MA

For Paperwork Reduction Act Notice, see the Instructions for Form 890.

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Schedule R (Form 990) 2011

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Page 2 04-2751258

partiting 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 constructions treated as a partnership during the tax year.) Schedule R (Form 990) 2011 CHMC Otolaryngologic Foundation, Inc.

Percentage ownership General or Percentage monaging ownership pertner? partitival Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization enswered "Yes" to Form 990. Part IV, line 34 because it had one or more related to againstallons treated as a corporation or trust during the tax year.) B ε 9 Share of end-of-year assets amount in box 20 of Schedule K-1 (Form 1065) 9 Share of total ncome Disproportions of all ocations of Yes No Ξ Type of entity (C corp., S corp. or trust) (g) Share of end-of-year assets Ē (d) Direct controlling entity (f) Share of total income (state or foreign county) Predominant income (related, unrelated, excluded from tax under sections 5 12-514) Û ◉ Primary activity (d) (Direct controlling entity ê (C) Legal domicile (state or foreign country) Primary activity 2 Name, address, and EIN of related organization Name, address, and EIN of related organization

Schedule R (Form 990) 2011

132162 01-23-12

Part V. Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011 CHMC Otolaryngologic Foundation, Inc.

a Receipt of (i) interest (ii) annuities (iii) royaties or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Sale of assets to related organization(s) f Sale of assets from related organization(s) f Sale of assets from related organization(s) f Sale of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s)	one or more related organizati	ated organizations listed In F	ns listed in Parts IHIV?	<u> </u>	를 등 -	<u> </u>
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c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Sale of assets to related organization(s) g Purchase of assets from related organization(s) h Exchange of assets with related organization(s)				₽.	×	
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Lease of factures, equipment, or other assets from related organization(s)	:				4	ŀ
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1 Performance of services or membership or fundraising solicitations by related organization(s)				=	× -	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				E	×	L
n Sharbo of paid employees with related organization(s)				_	×	L
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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.	omplete this line	, including covered	relationships and transaction thresholds	8		
(a) Name of other organization Transaction type (a+)		(c) Amount involved	(d) Method of determining smount involved	ين الم		
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Schedde R (Form 990) 2011 CHMC Otolaryngologic Foundation, Inc.

[Park] Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

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Name, address, and EIN of entity	Frimary activity	Legal domicile (state or toreion	(related, unrelated, 5	30:(e)(3)	Share of	Share of	in the last	Code V-UB)	Constit o	Percentage
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Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 Part VIII Supplemental Inf	CHMC Ot	olaryngologic	Foundation,	Inc.	04-2751258 Page
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Form **8868**

(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-170 I

• If you are	Service								Ī	
,	filing for a	n Automatic 3-Monti	h Extension, c	omplete	only Part I and o	heck t	his box			> [
• If you are	filing for a	n Additional (Not Au	tomatic) 3-Mo	nth Exter	nalon, complete	only P	art II (on pag	e 2 of this	s form)	_
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due date for	300 Long	wood Avenue								
filing your raturn See	City, town	or post office, state, an	d ZIP code. For	a foreign a	ddress, see instruc	tions.				
instructions.	Boston, M	1A 02115								
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