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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

**2011**Open to Public  
Inspection**A** For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**Boston Children's Heart Foundation, Inc.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**300 Longwood Avenue**

Room/suite

**PAV 2**

City or town, state or country, and ZIP + 4

**Boston, MA 02115****F** Name and address of principal officer: **James E. Lock, MD**  
same as C above**D** Employer identification number**04-2790699****E** Telephone number**(617) 355-4895****G** Gross receipts \$ **45,885,288.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1983****M** State of legal domicile: **MA****Part I Summary**

| Activities & Governance                                                                                                                                                              |  | Revenue                   |  | Expenses     |  | Net Assets or Fund Balances |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|--------------|--|-----------------------------|--|
| 1 Briefly describe the organization's mission or most significant activities: <b>The Foundation provides an extensive range of evaluation services for patients (see Schedule O)</b> |  |                           |  |              |  |                             |  |
| 2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.                                            |  |                           |  |              |  |                             |  |
| 3 Number of voting members of the governing body (Part VI, line 1a)                                                                                                                  |  | 3                         |  | 9            |  |                             |  |
| 4 Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                      |  | 4                         |  | 0            |  |                             |  |
| 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)                                                                                                       |  | 5                         |  | 67           |  |                             |  |
| 6 Total number of volunteers (estimate if necessary)                                                                                                                                 |  | 6                         |  | 0            |  |                             |  |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                              |  | 7a                        |  | 3,131.       |  |                             |  |
| 7b Net unrelated business taxable income from Form 990-T, line 44                                                                                                                    |  | 7b                        |  | 1,918.       |  |                             |  |
|                                                                                                                                                                                      |  | Prior Year                |  | Current Year |  |                             |  |
| 8 Contributions and grants (Part VIII, line 1h)                                                                                                                                      |  | 900,000.                  |  | 0.           |  |                             |  |
| 9 Program service revenue (Part VIII, line 2g)                                                                                                                                       |  | 45,804,606.               |  | 45,216,722.  |  |                             |  |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                     |  | 510,886.                  |  | 468,566.     |  |                             |  |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                          |  | 0.                        |  | 0.           |  |                             |  |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                |  | 47,215,492.               |  | 45,685,288.  |  |                             |  |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                  |  | 20,973,282.               |  | 1,292,013.   |  |                             |  |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                     |  | 0.                        |  | 0.           |  |                             |  |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                 |  | 31,536,959.               |  | 36,809,910.  |  |                             |  |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                    |  | 0.                        |  | 0.           |  |                             |  |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶                                                                                                                        |  | 0.                        |  | 0.           |  |                             |  |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                      |  | 4,730,348.                |  | 5,914,070.   |  |                             |  |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                         |  | 57,240,589.               |  | 44,015,993.  |  |                             |  |
| 19 Revenue less expenses. Subtract line 18 from line 12                                                                                                                              |  | -10,025,097.              |  | 1,669,295.   |  |                             |  |
|                                                                                                                                                                                      |  | Beginning of Current Year |  | End of Year  |  |                             |  |
| 20 Total assets (Part X, line 16)                                                                                                                                                    |  | 47,022,785.               |  | 59,158,654.  |  |                             |  |
| 21 Total liabilities (Part X, line 26)                                                                                                                                               |  | 16,768,801.               |  | 25,084,321.  |  |                             |  |
| 22 Net assets or fund balances. Subtract line 21 from line 20                                                                                                                        |  | 30,253,984.               |  | 34,074,333.  |  |                             |  |

**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.

|                                               |                                        |                       |                       |                  |
|-----------------------------------------------|----------------------------------------|-----------------------|-----------------------|------------------|
| Sign Here                                     | Signature of officer                   |                       | Date                  |                  |
|                                               | <b>James E. Lock, MD, President</b>    |                       | <b>7/2/2013</b>       |                  |
| Paid                                          | Print/Type preparer's name             |                       | Preparer's signature  | Date             |
|                                               | <b>E. DREW CHENEY</b>                  |                       | <b>E. Drew Cheney</b> | <b>7/22/13</b>   |
| Preparer Use Only                             | Firm's name                            |                       | Firm's EIN            | PTIN             |
|                                               | <b>Baker, Newman, &amp; Noyes, LLC</b> |                       | <b>01-0494526</b>     | <b>P00182972</b> |
| Firm's address                                |                                        | Phone no.             |                       |                  |
| <b>280 Fore Street<br/>Portland, ME 04101</b> |                                        | <b>1-800-244-7444</b> |                       |                  |

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

☐ Yes ☒ No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

See Schedule O for Organization Mission Statement Continuation

SCANNED AUG 27 2013

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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 cardiology services primarily to patients 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?☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 41,996,224. Including grants of \$ 1,292,013.) (Revenue \$ 44,370,929.)

The Foundation provides cardiology services primarily to patients at Boston 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 be used 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 and community based services that are either unavailable or limited elsewhere in the community.

4b (Code: ) (Expenses \$ 857,066. Including grants of \$ ) (Revenue \$ 845,793.)

The Foundation receives income from Boston Children's Hospital for providing administration, supervision, and teaching services. The Foundation carries on and promotes basic and applied medical research and education in the field of cardiology 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 cardiology 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 42,853,290.

**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>If "Yes," complete Schedule A                                                                                                                                                                      | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                                                                            |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                      |     | 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? If "Yes," complete Schedule C, Part II                                                                                                              |     | 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? If "Yes," complete Schedule C, Part III                                                                               |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                    |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                            |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                         |     | 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? If "Yes," complete Schedule D, Part IV                                                       |     | 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                                                                                                     | 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? If "Yes," complete Schedule D, Part VI                                                                                                                                                                       | 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? If "Yes," complete Schedule D, Part VII                                                                                                   | 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? If "Yes," complete Schedule D, Part VIII                                                                                                   |     | 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? If "Yes," complete Schedule D, Part IX                                                                                                                      |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     | 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                                                            | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                                                                                 | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional                                                                 | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |     | 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? If "Yes," complete Schedule F, Parts II and IV                                                                                    |     | 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? If "Yes," complete Schedule F, Parts III and IV                                                                                        |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                                                                               |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                           |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                     |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                             |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              |     |    |

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

|                                                                                                                                                                                                                                                                                                              | 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                                                                                         | 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 II                                                                                                            |     | 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | 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   |    |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                  |     | X  |
| b 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                                                                                                                |     | X  |
| 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 (2011)

**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 1099. Enter -0- if not applicable                                                                                                                                                                                         | 1a 25 |     |    |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                       | 1b 0  |     |    |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                              | 1c    | X   |    |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                        | 2a 67 |     |    |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                           | 2b    | X   |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        | 3a    | X   |    |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                      | 3b    | X   |    |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           | 4a    |     | 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?                                                                                                                                                                | 5a    |     | X  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                      | 5b    |     | X  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                    | 5c    |     |    |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                          | 6a    |     | X  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                         | 6b    |     |    |
| 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?                                                                                                                       | 7a    |     | X  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                       | 7b    |     |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                  | 7c    |     | 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?                                                                                                                                                       | 7e    |     | X  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          | 7f    |     | X  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                      | 7g    |     |    |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                    | 7h    |     |    |
| 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? | 8     |     |    |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                             |       |     |    |
| a Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                               | 9a    |     |    |
| b Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                | 9b    |     |    |
| 10 Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                              |       |     |    |
| a Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                              | 10a   |     |    |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                           | 10b   |     |    |
| 11 Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                             |       |     |    |
| a Gross income from members or shareholders                                                                                                                                                                                                                             | 11a   |     |    |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                          | 11b   |     |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                          | 12a   |     |    |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                 | 12b   |     |    |
| 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>Note. See the instructions for additional information the organization must report on Schedule O.                                                                             | 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   |     |    |

Form 990 (2011)

**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 ☒**Section A. Governing Body and Management**

|                                                                                                                                                                                                                        | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|---|---|---|---|---|----|----|----|----|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 | 9  |    |   |   |   |   |   |    |    |    |    |   |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.      |    | 0  |   |   |   |   |   |    |    |    |    |   |     |    |
| b Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                   |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 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?                                                |    |    |   |   |   |   |   |    |    |    |    |   |     | 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? |    |    |   |   |   |   |   |    |    |    |    |   | X   |    |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                     |    |    |   |   |   |   |   |    |    |    |    |   |     | X  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                           |    |    |   |   |   |   |   |    |    |    |    |   |     | X  |
| 6 Did the organization have members or stockholders?                                                                                                                                                                   |    |    |   |   |   |   |   |    |    |    |    |   | X   |    |
| 7a 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?                                                                  |    |    |   |   |   |   |   |    |    |    |    |   | X   |    |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                            |    |    |   |   |   |   |   |    |    |    |    |   | X   |    |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                    |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| a The governing body?                                                                                                                                                                                                  |    |    |   |   |   |   |   |    |    |    |    |   | X   |    |
| b Each committee with authority to act on behalf of the governing body?                                                                                                                                                |    |    |   |   |   |   |   |    |    |    |    |   | 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         |    |    |   |   |   |   |   |    |    |    |    |   |     | X  |

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

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

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Joseph Cantlin - (617) 355-4895**  
**300 Longwood Avenue, Boston, MA 02115**

**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<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (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 |                                                                      |                                                                           |                                                                                               |
| (1) James E. Lock, MD<br>President                         | 60.00                                                                                  | X                                                                                                            |                       | X       |              |                              |        | 564,724.                                                             | 0.                                                                        | 201,467.                                                                                      |
| (2) Steven Colan, MD<br>Treasurer                          | 60.00                                                                                  | X                                                                                                            |                       | X       |              |                              |        | 429,329.                                                             | 0.                                                                        | 168,215.                                                                                      |
| (3) David Fulton, MD<br>Secretary                          | 60.00                                                                                  | X                                                                                                            |                       | X       |              |                              |        | 388,869.                                                             | 0.                                                                        | 167,150.                                                                                      |
| (4) Peter Laussen, MD<br>Director                          | 60.00                                                                                  | X                                                                                                            |                       |         |              |                              |        | 507,328.                                                             | 0.                                                                        | 158,193.                                                                                      |
| (5) Audrey Marshall, MD<br>Director                        | 60.00                                                                                  | X                                                                                                            |                       |         |              |                              |        | 343,723.                                                             | 0.                                                                        | 130,899.                                                                                      |
| (6) David Brown, MD<br>Director                            | 60.00                                                                                  | X                                                                                                            |                       |         |              |                              |        | 285,319.                                                             | 0.                                                                        | 60,695.                                                                                       |
| (7) Andrew Powell, MD<br>Director                          | 60.00                                                                                  | X                                                                                                            |                       |         |              |                              |        | 258,762.                                                             | 0.                                                                        | 119,684.                                                                                      |
| (8) William Pu, MD<br>Director                             | 60.00                                                                                  | X                                                                                                            |                       |         |              |                              |        | 242,959.                                                             | 0.                                                                        | 118,439.                                                                                      |
| (9) Wayne Tworetzky, MD<br>Director                        | 60.00                                                                                  | X                                                                                                            |                       |         |              |                              |        | 230,174.                                                             | 0.                                                                        | 85,470.                                                                                       |
| (10) Physicians' Org. at CH, Inc.<br>Institutional Trustee | 2.00                                                                                   |                                                                                                              | X                     |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) Tal Geva, MD<br>Dept. Chief                           | 60.00                                                                                  |                                                                                                              |                       |         | X            |                              |        | 342,664.                                                             | 0.                                                                        | 147,743.                                                                                      |
| (12) Jane Newburger, MD<br>Dept. Chief                     | 60.00                                                                                  |                                                                                                              |                       |         | X            |                              |        | 436,193.                                                             | 0.                                                                        | 174,175.                                                                                      |
| (13) Edward Walsh, MD<br>Dept. Chief                       | 60.00                                                                                  |                                                                                                              |                       |         | X            |                              |        | 479,579.                                                             | 0.                                                                        | 158,854.                                                                                      |
| (14) Frank Cecchin, MD<br>Cardiologist                     | 60.00                                                                                  |                                                                                                              |                       |         |              | X                            |        | 337,749.                                                             | 0.                                                                        | 144,946.                                                                                      |
| (15) Melvin Almogodar, MD<br>Cardiologist                  | 60.00                                                                                  |                                                                                                              |                       |         |              | X                            |        | 418,893.                                                             | 0.                                                                        | 87,293.                                                                                       |
| (16) Kathy Jenkins, MD<br>Cardiologist                     | 60.00                                                                                  |                                                                                                              |                       |         |              | X                            |        | 541,707.                                                             | 0.                                                                        | 128,872.                                                                                      |
| (17) Thomas Kulik, MD<br>Cardiologist                      | 60.00                                                                                  |                                                                                                              |                       |         |              | X                            |        | 392,845.                                                             | 0.                                                                        | 152,113.                                                                                      |



**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 (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (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 |                                                                      |                                                                           |                                                                                               |
| (18) Doff McElhinney, MD<br>Cardiologist                       | 60.00                                                                                  |                                                                                                           |                       |         |              | X                            |        | 355,317.                                                             | 0.                                                                        | 121,709.                                                                                      |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                        |                                                                                                           |                       |         |              |                              |        | 6,556,134.                                                           | 0.                                                                        | 232,5917.                                                                                     |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                        |                                                                                                           |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                        |                                                                                                           |                       |         |              |                              |        | 6,556,134.                                                           | 0.                                                                        | 232,5917.                                                                                     |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **59**

|                                                                                                                                                                                                                                       | 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**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 |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                                                               | 1 a Federated campaigns                                                             | 1a                                                                                |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | b Membership dues                                                                   | 1b                                                                                |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | c Fundraising events                                                                | 1c                                                                                |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | d Related organizations                                                             | 1d                                                                                |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | e Government grants (contributions)                                                 | 1e                                                                                |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | f All other contributions, gifts, grants, and<br>similar amounts not included above | 1f                                                                                |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | g Noncash contributions included in lines 1a-1f \$                                  |                                                                                   |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | h Total. Add lines 1a-1f                                                            |                                                                                   |                      |                                                 |                                         |                                                                              |
| <b>Program Service<br/>Revenue</b>                                                                                              | 2 a Net Patient Service Re                                                          | Business Code<br>621300                                                           | 41432639.            | 41432639.                                       |                                         |                                                                              |
|                                                                                                                                 | b Research/Misc. Service                                                            | 611710                                                                            | 2,938,290.           | 2,938,290.                                      |                                         |                                                                              |
|                                                                                                                                 | c Admin, Supervision, &                                                             | 611710                                                                            | 845,793.             | 845,793.                                        |                                         |                                                                              |
|                                                                                                                                 | d                                                                                   |                                                                                   |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | e                                                                                   |                                                                                   |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | f All other program service revenue                                                 |                                                                                   |                      |                                                 |                                         |                                                                              |
|                                                                                                                                 | g Total. Add lines 2a-2f                                                            |                                                                                   | 45216722.            |                                                 |                                         |                                                                              |
|                                                                                                                                 | <b>Other Revenue</b>                                                                | 3 Investment income (including dividends, interest, and<br>other similar amounts) |                      | 207,247.                                        |                                         | 3,131.                                                                       |
| 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<br>461,319.                                             |                      |                                                 |                                         |                                                                              |
| b Less: cost or other basis<br>and sales expenses                                                                               |                                                                                     | 200,000.                                                                          |                      |                                                 |                                         |                                                                              |
| c Gain or (loss)                                                                                                                |                                                                                     | 261,319.                                                                          |                      |                                                 |                                         |                                                                              |
| d Net gain or (loss)                                                                                                            |                                                                                     |                                                                                   | 261,319.             |                                                 |                                         | 261,319.                                                                     |
| 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                                                                                  |                                                                                     |                                                                                   |                      |                                                 |                                         |                                                                              |
| <b>Miscellaneous Revenue</b>                                                                                                    |                                                                                     | <b>Business Code</b>                                                              |                      |                                                 |                                         |                                                                              |
| 11 a                                                                                                                            |                                                                                     |                                                                                   |                      |                                                 |                                         |                                                                              |
| b                                                                                                                               |                                                                                     |                                                                                   |                      |                                                 |                                         |                                                                              |
| c                                                                                                                               |                                                                                     |                                                                                   |                      |                                                 |                                         |                                                                              |
| d All other revenue                                                                                                             |                                                                                     |                                                                                   |                      |                                                 |                                         |                                                                              |
| e Total. Add lines 11a-11d                                                                                                      |                                                                                     |                                                                                   |                      |                                                 |                                         |                                                                              |
| 12 Total revenue. See instructions.                                                                                             |                                                                                     | 45685288.                                                                         | 45216722.            | 3,131.                                          | 465,435.                                |                                                                              |

**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).

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

| 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 United States. See Part IV, line 21                                                                                             | 1,292,013.            | 1,292,013.                      |                                        |                             |
| 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                                                                  |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                     |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                            | 5,562,591.            | 5,562,591.                      |                                        |                             |
| 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                                                                                                                                                                            | 21,664,366.           | 21,014,435.                     | 649,931.                               |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)                                                                                          | 2,334,286.            | 2,264,257.                      | 70,029.                                |                             |
| 9 Other employee benefits                                                                                                                                                                             | 6,506,622.            | 6,311,423.                      | 195,199.                               |                             |
| 10 Payroll taxes                                                                                                                                                                                      | 742,045.              | 719,923.                        | 22,122.                                |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                 |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                          |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                               | 17,181.               |                                 | 17,181.                                |                             |
| c Accounting                                                                                                                                                                                          | 1,765.                |                                 | 1,765.                                 |                             |
| d Lobbying                                                                                                                                                                                            |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                             |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                          | 123,535.              |                                 | 123,535.                               |                             |
| g Other                                                                                                                                                                                               | 272,549.              | 260,968.                        | 11,581.                                |                             |
| 12 Advertising and promotion                                                                                                                                                                          | 15,116.               |                                 | 15,116.                                |                             |
| 13 Office expenses                                                                                                                                                                                    | 595,200.              | 575,653.                        | 19,547.                                |                             |
| 14 Information technology                                                                                                                                                                             | 173,154.              | 173,154.                        |                                        |                             |
| 15 Royalties                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                          | 492,848.              | 492,848.                        |                                        |                             |
| 17 Travel                                                                                                                                                                                             | 35,668.               | 35,668.                         |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                     |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                             | 322,783.              | 322,783.                        |                                        |                             |
| 20 Interest                                                                                                                                                                                           |                       |                                 |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                             |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                          | 1,042.                | 1,042.                          |                                        |                             |
| 23 Insurance                                                                                                                                                                                          | 597,819.              | 561,122.                        | 36,697.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |                                        |                             |
| a Billing and collection                                                                                                                                                                              | 1,705,854.            | 1,705,854.                      |                                        |                             |
| b Bad debt expense                                                                                                                                                                                    | 765,667.              | 765,667.                        |                                        |                             |
| c PO Dues                                                                                                                                                                                             | 396,687.              | 396,687.                        |                                        |                             |
| d Patient staff relations                                                                                                                                                                             | 372,392.              | 372,392.                        |                                        |                             |
| e All other expenses                                                                                                                                                                                  | 24,810.               | 24,810.                         |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                 | 44,015,993.           | 42,853,290.                     | 1,162,703.                             | 0.                          |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |                                        |                             |

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X** Balance Sheet

|                                                                     |                                                                                                                                                                                                                                                                                 | (A)<br>Beginning of year |             | (B)<br>End of year |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non interest-bearing                                                                                                                                                                                                                                                   | 4,798,568.               | 1           | 8,227,459.         |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                                                                                        | 2,749,567.               | 2           | 2,736,423.         |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                            |                          | 3           |                    |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                                                                                      | 5,470,802.               | 4           | 6,646,523.         |
|                                                                     | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                           | 438,357.                 | 5           | 940,514.           |
|                                                                     | 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                                                                                                                                                                                                                                               | 1,930,354.               | 7           | 2,043,777.         |
|                                                                     | 8 Inventories for sale or use                                                                                                                                                                                                                                                   |                          | 8           |                    |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                                                                                         | 139,845.                 | 9           | 139,913.           |
|                                                                     | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                         | 10a 5,208.               |             |                    |
|                                                                     | b Less: accumulated depreciation                                                                                                                                                                                                                                                | 10b 2,864.               | 10c         | 2,344.             |
|                                                                     | 11 Investments - publicly traded securities                                                                                                                                                                                                                                     | 13,918,824.              | 11          | 17,042,867.        |
|                                                                     | 12 Investments - other securities. See Part IV, line 11                                                                                                                                                                                                                         | 16,444,233.              | 12          | 18,543,743.        |
|                                                                     | 13 Investments - program-related. See Part IV, line 11                                                                                                                                                                                                                          |                          | 13          |                    |
|                                                                     | 14 Intangible assets                                                                                                                                                                                                                                                            |                          | 14          |                    |
|                                                                     | 15 Other assets. See Part IV, line 11                                                                                                                                                                                                                                           | 1,128,850.               | 15          | 2,835,091.         |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 47,022,785.                                                                                                                                                                                                                                                                     | 16                       | 59,158,654. |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                                                                                                                        | 1,898,727.               | 17          | 2,118,415.         |
|                                                                     | 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D                                                                                                        | 14,870,074.              | 25          | 22,965,906.        |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                            | 16,768,801.              | 26          | 25,084,321.        |
| <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                                                                                                                                                                                                                                                      | 28,940,692.              | 27          | 33,351,719.        |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                                                                                                                            | 1,313,292.               | 28          | 722,614.           |
|                                                                     | 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>                         | 30,253,984.                                                                                                                                                                                                                                                                     | 33                       | 34,074,333. |                    |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 47,022,785.                                                                                                                                                                                                                                                                     | 34                       | 59,158,654. |                    |

**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 | 45,685,288. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2 | 44,015,993. |
| 3 | Revenue less expenses. Subtract line 2 from line 1                                                             | 3 | 1,669,295.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 30,253,984. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                           | 5 | 2,151,054.  |
| 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 | 34,074,333. |

**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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" 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 (2011)

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

**Boston Children's Heart Foundation, Inc.**

Employer identification number

**04-2790699**

**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?
- (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? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (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 |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| <b>Total</b>                       |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 2011 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                       | 14 | %                        |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                             | 15 | %                        |
| 16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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"/> |

**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) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                       | 100,000.  | 1250000.  |           | 900,000.  |           | 2250000.  |
| 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 | 42813988. | 46357497. | 12437394. | 45804606. | 45216722. | 192630207 |
| 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                                                                                                                                             | 42913988. | 47607497. | 12437394. | 46704606. | 45216722. | 194880207 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |           |           |           |           |           | 0.        |
| 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           |           |           |           |           |           | 0.        |
| c Add lines 7a and 7b                                                                                                                                                      |           |           |           |           |           | 0.        |
| 8 Public support (Subtract line 7c from line 6)                                                                                                                            |           |           |           |           |           | 194880207 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                      | (a) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 9 Amounts from line 6                                                                                                              | 42913988. | 47607497. | 12437394. | 46704606. | 45216722. | 194880207 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | -530,787. | 1013577.  | 718,120.  | 236,297.  | 207,247.  | 1644454.  |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |           |           |           |           |           |           |
| c Add lines 10a and 10b                                                                                                            | -530,787. | 1013577.  | 718,120.  | 236,297.  | 207,247.  | 1644454.  |
| 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)                                                                                    | 42383201. | 48621074. | 13155514. | 46940903. | 45423969. | 196524661 |

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 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.16 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                      | 16 | 93.64 % |

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

|                                                                                                |    |        |
|------------------------------------------------------------------------------------------------|----|--------|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | .84 %  |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                        | 18 | 1.06 % |

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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



**Part IV** **Supplemental Information.** Complete this part to provide the 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 III:**

The Foundation changed its year end from June 30 to September 30 starting on September 30, 2010.

**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 8, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**Boston Children's Heart Foundation, Inc.**

Employer identification number  
**04-2790699**

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

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year) .....                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year) .....                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            |                         | <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 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

|                                                                                                                                                  | Held at the End of the 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 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 Does 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                     | 1,313,292.       | 1,150,000.     | 1,150,000.         | 30,000.              |                     |
| b Contributions                                  |                  | 900,000.       |                    | 1,250,000.           |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 590,678.         | 736,708.       |                    | 130,000.             |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 722,614.         | 1,313,292.     | 1,150,000.         | 1,150,000.           |                     |

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Temporarily restricted endowment ☒ 100.00 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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 property                                                                           | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                           |                                      |                                 |                              |                |
| b Buildings                                                                                       |                                      |                                 |                              |                |
| c Leasehold improvements                                                                          |                                      |                                 |                              |                |
| d Equipment                                                                                       |                                      |                                 |                              |                |
| e Other                                                                                           |                                      | 5,208.                          | 2,864.                       | 2,344.         |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 2,344.         |

Schedule D (Form 990) 2011

**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) Interest in the P.O.                                                |                |                                                              |
| (B) Pooled Investment Fund                                              | 18,543,743.    | End-of-Year Market Value                                     |
| (C)                                                                     |                |                                                              |
| (D)                                                                     |                |                                                              |
| (E)                                                                     |                |                                                              |
| (F)                                                                     |                |                                                              |
| (G)                                                                     |                |                                                              |
| (H)                                                                     |                |                                                              |
| (I)                                                                     |                |                                                              |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)   | 18,543,743.    |                                                              |

**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)                                                                  |                |                                                              |
| <b>Total.</b> (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)                                                                      |                |
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| (10)                                                                     |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) |                |

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

| 1. (a) Description of liability                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                 |                |
| (2) Due to Boston Children's Hospital                                    | 1,553,550.     |
| (3) Accrued severance plan obligation                                    | 4,702,191.     |
| (4) Accrued supplemental executive                                       |                |
| (5) retirement plan                                                      | 7,373,942.     |
| (6) Accrued pension liability                                            | 5,483,864.     |
| (7) Accrued professional liability                                       | 2,725,236.     |
| (8) Deferred compensation plan                                           | 218,378.       |
| (9) Due to Physicians' Organization                                      | 603,033.       |
| (10) Due to employees                                                    | 10,160.        |
| (11) Due to affiliates                                                   | 295,552.       |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) | 22,965,906.    |

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).

**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  | 45,685,288. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 44,015,993. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 1,669,295.  |
| 4  | Net unrealized gains (losses) on investments                                             | 4  | 4,436,079.  |
| 5  | Donated services and use of facilities                                                   | 5  |             |
| 6  | Investment expenses                                                                      | 6  |             |
| 7  | Prior period adjustments                                                                 | 7  |             |
| 8  | Other (Describe in Part XIV.)                                                            | 8  | -2,285,025. |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  | 2,151,054.  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 3,820,349.  |

**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  | 50,712,045. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments                                             | 2a | 4,436,079.  |
| b | Donated services and use of facilities                                          | 2b |             |
| c | Recoveries of prior year grants                                                 | 2c |             |
| d | Other (Describe in Part XIV.)                                                   | 2d | 590,678.    |
| e | Add lines 2a through 2d                                                         | 2e | 5,026,757.  |
| 3 | Subtract line 2e from line 1                                                    | 3  | 45,685,288. |
| 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  | 45,685,288. |

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

|   |                                                                                  |    |             |
|---|----------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 46,301,018. |
| 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 | 2,285,025.  |
| e | Add lines 2a through 2d                                                          | 2e | 2,285,025.  |
| 3 | Subtract line 2e from line 1                                                     | 3  | 44,015,993. |
| 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  | 44,015,993. |

**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 for deferred compensation benefit plans and investments whose use has been restricted by donors to a specific time period or purpose.

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

Pension adjustment -2,285,025.

**Part XIV** Supplemental Information (continued)

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

Net assets released from restrictions 590,678.

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

Pension adjustment 2,285,025.

## 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)(3). Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items, including unrelated business income or tax status. Management of the Foundation has evaluated the positions taken on the Foundation's filed tax returns and has concluded that no uncertain income tax positions exist at September 30, 2012. The Foundation's tax years from 2009 through 2012 are potentially subject to examination.

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

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047  
**2011**

**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.

**Open to Public  
Inspection**

Name of the organization

**Boston Children's Heart Foundation, Inc.**

Employer identification number  
**04-2790699**

**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. 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 ☐

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

| 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 |
|-----------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Boston Children's Hospital<br>300 Longwood Avenue<br>Boston, MA 02115 | 04-2774441 | 501(c)(3)                     | 1,239,313.               | 0.                                |                                                       |                                        | Research                           |
| American Heart Association<br>20 Speen Street<br>Framingham, MA 01701 | 13-5613797 | 501(c)(3)                     | 30,000.                  | 0.                                |                                                       |                                        | General Support                    |
| Hospitality Homes<br>PO Box 15265<br>Boston, MA 02215                 | 04-3204112 | 501(c)(3)                     | 22,000.                  | 0.                                |                                                       |                                        | General Support                    |
|                                                                       |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                       |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                       |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                       |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                       |            |                               |                          |                                   |                                                       |                                        |                                    |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2011)**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

Schedule I, Part I, Line 2: Monitoring is provided by Boston Children's Heart Foundation, Inc. (the Foundation) through oversight of the terms and conditions of a written grant agreement. Multiyear agreements require yearly progress and financial reports for continuation of funding. During the year ended September 30, 2012, the Foundation only provided grant donations to other 501(c)(3) organizations.



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2011**

Open to Public  
Inspection

Employer identification number

04-2790699

**Boston Children's Heart Foundation, Inc.**

**Part I Questions Regarding Compensation**

**1a** 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.

☐ First-class or charter travel

☐ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

☒ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

**4** 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:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

**Part III 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (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 as deferred in prior Form 990 |
|------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                        | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| 1 James E. Lock, MD    | (i) 539,020.                                       | (ii) 15,000.                        | (iii) 10,704.                       | 161,343.                                       | 40,124.                 | 766,191.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 2 Steven Colan, MD     | (i) 378,448.                                       | (ii) 15,000.                        | (iii) 35,881.                       | 132,389.                                       | 35,826.                 | 597,544.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 3 David Fulton, MD     | (i) 357,497.                                       | (ii) 15,000.                        | (iii) 16,372.                       | 133,324.                                       | 33,826.                 | 556,019.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 4 Peter Laussen, MD    | (i) 435,800.                                       | (ii) 15,000.                        | (iii) 56,528.                       | 119,788.                                       | 38,405.                 | 665,521.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 5 Audrey Marshall, MD  | (i) 288,134.                                       | (ii) 15,000.                        | (iii) 40,589.                       | 93,775.                                        | 37,124.                 | 474,622.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 6 David Brown, MD      | (i) 231,020.                                       | (ii) 15,000.                        | (iii) 39,299.                       | 50,225.                                        | 10,470.                 | 346,014.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 7 Andrew Powell, MD    | (i) 240,192.                                       | (ii) 15,000.                        | (iii) 3,570.                        | 85,858.                                        | 33,826.                 | 378,446.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 8 William Pu, MD       | (i) 224,389.                                       | (ii) 15,000.                        | (iii) 3,570.                        | 82,613.                                        | 35,826.                 | 361,398.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 9 Wayne Tworetzky, MD  | (i) 211,604.                                       | (ii) 15,000.                        | (iii) 3,570.                        | 49,644.                                        | 35,826.                 | 315,644.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 10 Tal Geva, MD        | (i) 320,902.                                       | (ii) 15,000.                        | (iii) 6,762.                        | 111,917.                                       | 35,826.                 | 490,407.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 11 Jane Newburger, MD  | (i) 411,809.                                       | (ii) 15,000.                        | (iii) 9,384.                        | 138,349.                                       | 35,826.                 | 610,368.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 12 Edward Walsh, MD    | (i) 347,807.                                       | (ii) 15,000.                        | (iii) 116,772.                      | 118,730.                                       | 40,124.                 | 638,433.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 13 Frank Cecchin, MD   | (i) 318,987.                                       | (ii) 15,000.                        | (iii) 3,762.                        | 104,822.                                       | 40,124.                 | 482,695.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 14 Melvin Almoodar, MD | (i) 335,510.                                       | (ii) 22,500.                        | (iii) 60,883.                       | 49,488.                                        | 37,805.                 | 506,186.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 15 Kathy Jenkins, MD   | (i) 368,725.                                       | (ii) 168,500.                       | (iii) 4,482.                        | 108,250.                                       | 20,622.                 | 670,579.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 16 Thomas Kulik, MD    | (i) 328,294.                                       | (ii) 15,000.                        | (iii) 49,551.                       | 113,708.                                       | 38,405.                 | 544,958.                        | 0.                                                      |
|                        | (ii) 0.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                      |

Schedule J (Form 990) 2011

**Part III 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (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 as deferred in prior Form 990 |
|-----------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                       | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| 1 Doff McElhinney, MD | (i) 279,194.                                       | (ii) 15,000.                        | (iii) 61,123.                       | 86,585.                                        | 35,124.                 | 477,026.                        | 0.                                                      |
| 2                     | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 3                     | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 4                     | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 5                     | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 6                     | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 7                     | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 8                     | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 9                     | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 10                    | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 11                    | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 12                    | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 13                    | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 14                    | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 15                    | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |
| 16                    | (i) 0.                                             | (ii) 0.                             | (iii) 0.                            | 0.                                             | 0.                      | 0.                              | 0.                                                      |

Schedule J (Form 990) 2011

**Part III** Supplemental Information

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

**Part I, Line 1a: Part I, Line 1a:**

Boston Children's Heart Foundation, Inc. (the Foundation) established a Tuition Assistance Plan that superseded the previous Tuition Plan effective January 1, 2007. The plan provides annual contribution payments for eligible participants, based on years of membership service to the Foundation and number of children, to a qualified state tuition program described in Section 529 of the Internal Revenue Code 1986 as amended. The plan provides an income tax gross-up equal to 30% of such contribution to assist participants in defraying the cost of income taxes. The Plan provides for a transition for those participants who received benefits under the previous plan, or those who were Foundation members for more than three years and had at least one child who had attained age 14 as of July 1, 2007. These members will not have the same interest accrual advantage as those with younger children, and can elect to have a lump-sum contribution or can elect to have tuition reimbursement up to the amount of tuition established by Harvard University, plus an income tax gross-up based on years of membership service as an Assistant Professor or higher up to a maximum of 34%. The following participated in the plans for September

**Part III** Supplemental Information

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

2012: Melvin Almodovar, MD; David Brown, MD; Audrey Marshall, MD; Doff McElhinney, MD; Edward Walsh, MD; Peter Laussen, MD; and Thomas Kulik, MD.

**Part I, Line 4a:**

Boston Children's Heart Foundation, Inc. (the Foundation) established a Severance Benefit Plan effective July 1, 1987. The plan was amended and restated as of May 19, 2004. On June 30, 2005, the Foundation elected to freeze the severance benefit plan. The Foundation established this plan to supplement benefits available to certain employees, and to encourage such employees to remain in employment with the Foundation. Participation, benefit amounts, and other key provisions of this nonqualified benefit plan are determined at the sole discretion of the Foundation's Board of Directors. Although the assets of the plan 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 assets of the plan are reflected in the accompanying financial statements as assets limited as to use. The Foundation made severance payments the following individual during the year ended September 30, 2012: Peter Laussen; \$105,038 in August 2012.

**Part III** Supplemental Information

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

**Part I, Line 4b:**

The Foundation established a Supplemental Executive Retirement Plan (SERP), effective June 30, 2005, to reward licensed physician employees with a benefit based on service. All eligible employees will become participants on the date designated by the Foundation's Board of Directors. The SERP's sources of contributions are from employer discretionary amounts (if any), severance benefits, and elective deferrals. The amounts will be subject to forfeiture for termination prior to a vesting date established by the Foundation's Board of Directors. The amounts contributed at September 30, 2012 were as follows: James E. Lock, MD, \$773,216; Steven Colan, MD, \$519,399; David Fulton, MD, \$494,287; Peter Laussen, MD, \$124,805; Audrey Marshall, MD, \$156,524; Andrew Powell, MD, \$147,022; William Pu, MD, \$143,775; Wayne Tworetzky, MD, \$34,784; Doff McElhinney, MD, \$36,515; Tal Geva, MD, \$441,326; Jane Newburger, MD, \$522,255; Edward Walsh, MD, \$478,729; Frank Cecchin, MD, \$259,972; Kathy Jenkins, MD, \$451,050; and Thomas Kulik, MD, \$224,939

**Part 1, Line 7:**

**Part III** Supplemental Information

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

Bonus compensation amounts are determined by the Chief of Boston Children's Heart Foundation, Inc. (the Foundation). The amounts are discretionary based on job performance and on the financial performance of the Foundation.

**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

**2011**

Open To Public  
Inspection

Name of the organization

**Boston Children's Heart Foundation, Inc.**

Employer identification number

**04-2790699**

**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 |
| David Brown, MD                           |                                       | X    | 203,000.                      | 149,735.        |                 | X  | X                                   |    | X                      |    |
| Andrew Powell, MD                         |                                       | X    | 197,000.                      | 173,902.        |                 | X  | X                                   |    | X                      |    |
| Audrey Marshall,                          |                                       | X    | 181,322.                      | 158,795.        |                 | X  | X                                   |    | X                      |    |
| Frank Cecchin, MD                         |                                       | X    | 100,000.                      | 78,101.         |                 | X  | X                                   |    | X                      |    |
| Wayne Tworetzky,                          |                                       | X    | 385,000.                      | 339,981.        |                 | X  | X                                   |    | X                      |    |
| Thomas Kulik, MD                          |                                       | X    | 100,000.                      | 40,000.         |                 | X  | X                                   |    | X                      |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total ..... ▶ \$ **940,514.**

**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) 2011

See Part V for Continuations



**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: David Brown, MD

(a) Purpose of Loan: Retention

(a) Name of Person: Andrew Powell, MD

(a) Purpose of Loan: Physician Recruitment

(a) Name of Person: Audrey Marshall, MD

(a) Purpose of Loan: Physician Recruitment

(a) Name of Person: Frank Cecchin, MD

(a) Purpose of Loan: Physician Recruitment

(a) Name of Person: Wayne Tworetzky, MD

(a) Purpose of Loan: Physician Recruitment

(a) Name of Person: Thomas Kulik, MD

(a) Purpose of Loan: Physician Recruitment

**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:

Boston Children's Heart Foundation, Inc. (the Foundation) has provided  
several secured and unsecured loans to employees. The loans bear  
interest at rates ranging from interest free up to 4.7%. The loans  
were made for recruitment and retention purposes, to assist physician  
employees in the purchase of their primary residence. The amounts for  
the recruitment loans were determined by restricted donations provided  
by Boston Children's Hospital for use in recruitment. The loans will be  
forgiven over the terms of the notes if the recipients remain employed  
at the Foundation or its affiliates. The amount of the loan forgiveness  
will be included with accrued interest, if applicable, as compensation  
in the year forgiven.

**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

**2011**

Open to Public  
Inspection

Name of the organization

Boston Children's Heart Foundation, Inc.

Employer identification number  
04-2790699

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

with heart diseases, medical research, and educational services to  
Boston Children's Hospital and Harvard Medical School. The Foundation  
also provides care for patients in need of cardiology services,  
regardless of their ability to pay, as well as providing community  
based services.

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

of cardiology 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: A majority of Boston Children's  
Heart 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 1983. 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  
Children's Hospital, Inc. (the PO) is a Class "C" member of Boston

Name of the organization

Boston Children's Heart Foundation, Inc.

Employer identification number

04-2790699

Children's Heart 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.

Form 990, Part VI, Section A, line 6: Boston Children's Heart Foundation, Inc. (the Foundation) has three classes of members. The Chief of the Department of Cardiology (the Chief) of Boston Children's Hospital (the Hospital) is the Class "A" member. Any member (other than the Chief) who holds a medical staff appointment from the Hospital, a full-time faculty appointment in cardiology 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 a Class "C" member of the Foundation.

Form 990, Part VI, Section A, line 7a: The Cardiologist-in-Chief of Boston Children's Hospital (the Hospital) is the Class "A" member of Boston Children's Heart Foundation, Inc. (the Foundation). Every member of the Foundation who holds a medical staff appointment from the Hospital, has a full-time faculty appointment under the auspices of the Cardiologist-in-Chief from Harvard University Medical School (Harvard), and who practices medicine primarily at the Hospital, shall be a Class "B" member. According to the Articles of Organization, the Class "A" and "B"

Name of the organization

Boston Children's Heart Foundation, Inc.

Employer identification number

04-2790699

members appoint/elect the board members of the Foundation at the annual meeting.

Form 990, Part VI, Section A, line 7b: The Physicians' Organization at Children's Hospital, Inc. (the PO) is a Class "C" member of Boston Children's Heart 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 laws, the general terms of and any modification to physician compensation and benefit plans for all physician employees of the Foundation.

Form 990, Part VI, Section B, line 11: The detailed review will be conducted by the President of the Foundation, James E. Lock, MD; the administrator, Marissa Lory; and the financial reporting manager, Joseph Cantlin. A copy of 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.

Form 990, Part VI, Section B, Line 12c: The Physicians' Organization at Children's Hospital, Inc. (the PO) administers an annual conflict of interest disclosure process to all of its member Foundations, which asks physicians (officers, top management, and highly compensated employees) and selected Foundation staff to disclose potential conflicts. A disclosure statement will be circulated annually to members of the PO. The PO audit

Name of the organization

Boston Children's Heart Foundation, Inc.

Employer identification number

04-2790699

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 nevertheless 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 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 University. Any new indirect benefit plan requires approval by the Foundation's Board of Directors, which then 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

Name of the organization

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stability of the Foundation. This process was followed for the year ended September 30, 2012.

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:

|                                      |             |
|--------------------------------------|-------------|
| Net unrealized gains on investments: | 4,436,079.  |
| Pension adjustment                   | -2,285,025. |
| Total to Form 990, Part XI, Line 5   | 2,151,054.  |

Form 990, Part XII, Line 2c:

The audit process has not changed from the prior year.

▶ 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

2011

# Open to Public Inspection

Name of the organization

**Boston Children's Heart Foundation, Inc.**

**Employer identification number**  
**04-2790699**

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

[illegible]

**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.)

[illegible]

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

Schedule R (Form 990) 2011





**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 (ii) annuities (iii) royalties or (iv) rent from a controlled entity   |     | X  |
| b Gift, grant, or capital contribution to related organization(s)                                | X   |    |
| c Gift, grant, or capital contribution from related organization(s)                              |     | X  |
| d Loans or loan guarantees to or for related organization(s)                                     |     | X  |
| e Loans or loan guarantees by related organization(s)                                            |     | X  |
| f Sale of assets to related organization(s)                                                      |     | X  |
| g Purchase of assets from related organization(s)                                                |     | X  |
| h Exchange of assets with related organization(s)                                                |     | X  |
| i Lease of facilities, equipment, or other assets to related organization(s)                     |     | X  |
| j Lease of facilities, equipment, or other assets from related organization(s)                   |     | X  |
| k Performance of services or membership or fundraising solicitations for related organization(s) | X   |    |
| l Performance of services or membership or fundraising solicitations by related organization(s)  | X   |    |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | X   |    |
| n Sharing of paid employees with related organization(s)                                         | X   |    |
| o Reimbursement paid to related organization(s) for expenses                                     | X   |    |
| p Reimbursement paid by related organization(s) for expenses                                     | X   |    |
| q Other transfer of cash or property to related organization(s)                                  |     | X  |
| r Other transfer of cash or property from related 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) |                                   |                                  |                        |                                                 |



|                 |                                 |
|-----------------|---------------------------------|
| <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.