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FORM 990	Return of Organization Exempt Under section 601(c), 527, or 4947(a)(1) of the Internal Re benefit truet or private founda	evenue Cod	e (except black lung	2012 Open to Public
Internal Revenue Service	The organization may have to use a copy of this return to s			Inspection
		lending S	EP 30, 2013	
Check if C Name of	organization		D Employer identifi	cation number
Address Bost	on Children's Heart Foundation, I	nc.		
	usiness As		04-2	790699
neturn Number	and street (or P.O. box il mail is not delivered to street address)	Room/sulte	E Telephone numbe	
Amended		PAV 2.	(617) 355-4895 40,967,393
	m, or post office, state, and ZIP code on , MA 02115		H(a) is this a group n	
	nd address of principal officer: James E. Lock, MD		for affiliates?	Yes X N
	as C above		H(b) Are all affiliates inc	
Tax-exempt status: L		or 527		list. (see instructions)
Website: N/A			H(a) Group exemptio	n number 🕨
Form of organization:	X Corporation	L Year (of formation: 1983 N	A State of legal domicile: I
Part Summary				
1 Brieffy describ	e the organization's mission or most significant activities: The	rounda	tion provid	es an
	ve range of evaluation services f			
2 Check this box	if the organization discontinued its operations or dispo			3 6 18.
3 Number of vot	ing members of the governing body (Part VI, Ilne 1a)			
5 Total number	of Individuals employed in calendar year 2012 (Part V, line 2a)		·····	
6 Total number	of volunteers (estimate if necessary)		·····	
7 a Total uprelated	business revenue from Part VIII, column (C), line 12			-33
b Net unrelated	ousiness texable income from Form 980-T, line 34		······	(
			Prior Year	Current Year
8 Contributions	and grants (Part VIII, line 1h)		0.	350,000
9 Program service 10 Investment inc	e revenue (Part Vill, line 2g)		45,216,722.	40,147,962
10 Investment inc	ome (Part Vili, column (A), lines 3, 4, and 7d)		468,566.	269,431
11 Other revenue	(Part VIII, column (A), lines 5, 6d, 80, 90, 10c. prod 119		0.1	- 78 HZH 38
	add lines 8 through 11 (must equal Par Vill column (A), line 12)		45,685,288	40,767,393
	nllar amounts paid (Part IX, column (A), lines 13)		1,292,013.	913,340
14 Benefits paid to	o or for members (Part IX, doutmn (A), line 4) 02014	······	0. 36,809,910.	37,803,733
		······· <u> </u> ·····	0.	37,003,733
108 Professional Tu	ndraising fees (Part IX, course (A), file 11e)	"ö.		,
17 Other evenes	to expenses (Part IX, column (D)		5.914.070.	5,617,839
	. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	4,015,993.	44,334,912
1	expenses. Subtract line 18 from line 12		1,669,295.	-3,567,519
4		Beg	inning of Current Year	End of Year
20 Total essets (P	ert X. line 16)		59,158,654.	64,314,224
20 Total assets (P. 21 Total liabilities (P. 22 Net assets or fi			25,084,321.	26,657,776
22 Net assets or h	and balances. Subtract line 21 from line 20		34,074,333.	37,656,448
art II Signature			· · · · · · · · · · · · · · · · · ·	
ider penalties of perjury, l	declare that I have examined this return, including accompanying schedules	and statemer	its, and to the best of my	knowledge and belief, it is
e, correct, and complete. I	Declaration of preparer (other than officer) is based on all information of with	ion preparer h	as any knowledge.	-/10
Signature	of officer 1999 OVV	·	Date //	2/17
8"				,
	nt agest and title			
Print/Type prepa		Da	le , Carca	PTIN
و ملى الله		. 6	27/14 B WHATE ADDOTED	POT81058
	Baker, Newman, & Noyes, LLC		Firm's EIN	01-0494526
,	process are numbers of the grad was made			

CIS IMAGE DO NO CORRESPOND FOR SIGNATURE

222001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Firm's name Baker, Newman, & Noyes,

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

Portland, ME 04101

Firm's address 280 Fore Street

Use Only

917-20-29

(800) 244-7444

Yes X No

Form 990 (2012)

-	- manual Deater Children's Heart Poundation Inc. 04.0700500 -	^
	n 990 (2012) Boston Children's Heart Foundation, Inc. 04~2790699 Pairt III Statement of Program Service Accomplishments	_{1ge} 2
۳.	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	<u> </u>
•	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?	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?	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 are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, If any, for each program service reported. (Code:) (Expenses 42,058,767. including grants of \$ 913,340.) (Revenue \$ 39,246,380)	5
48	(Code:)(Expenses 42,058,767. Including grants of 913,340.) (Rovenues 39,246,380) The Foundation provides cardiology services primarily to patients at	<u>,.</u> ,
	Boston Children's Hospital and other health care providers at satellis	æ
	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	<u> </u>
	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 966, 189 · Including grants of \$) (Revenue \$ 901, 582	<u>; •</u>)
	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	<u>=</u>
	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.	
	The state of the golden papers and the mountain processing	—
4c	(Code:) (Expenses \$ (nctuding grants of \$) (Revenue \$)	
		—
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ Including grants of \$) (Revenue \$)	
40	Total program service expenses ► 43,024,956.	
232002	Form 990 (20	112)
12-10-1	16	

04-2790699 Boston Children's Heart Foundation, Inc. Part IV | Checklist of Required Schedules Yes No 1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule 8, Schedule of Contributors Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 601(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Old the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X ff "Yes," complete Schedule D, Part IV Old the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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 107 if "Yes," complete Schedule D, 11a 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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VIII 110 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 110 Part X, line 167 // "Yes," complete Schedule D, Part IX f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's itability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X **12**a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the lax year? If "Yes," and If the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X is the organization a school described in section 170(b)(1)(A)(ii)? if "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grante or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundrateing services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedute G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 ic and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Form 990 (2012)

232003 12-10-12

	990 (2012) Boston Children's Heart Foundation, Inc. 04-2790	699	F	age 4
Pa	rt 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		۱	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	l	i	١.,
	column (A), line 27 // "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Old the organization enswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		۱.,	
	Schedula J	23	X	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1	ļ	1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١	l	
	Schedula K. If "No", go to line 25	248	├	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception?	24b	Н	 -
o	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		l
	any tax-exempt bonds?	240		ļ
	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d	├	├
258	Section 501(c)(3) and 601(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	
þ	le the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ľ	ŀ	l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete	- FE		x
	Schedule L, Part I	25b	-	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	26	х	}
-	person outstanding as of the end of the organization's tax year? !! "Yes," complete Schedule L, Part !! Did the organization provide a grant or other essistance to an officer, director, trustee, key emptoyee, substantial	20	 	
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member.	ŀ		1
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ľ	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
20	Instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28e		х
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
0	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	[X
29	Did the organization receive more than \$25,000 in non-cash contributions? // "Yes, " complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
••	contributions? If "Yes," complete Schedule M	30		Х
31	Old the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	32		X
33	Old 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	_33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34_	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	38		Х
37	Old the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ا م	х	
	Note. All Form 990 filers are required to complete Schedule O	38	200	0040

Part V Statements Regarding Other IRS Fillings and Tax Compliance		990 (2012) Boston Children's Heart Foundation, Inc. 04-2790	699	P	age 5
Enter the number reported in Box 3 of Form 1098. Enter -0 If not applicable 15 10 23 b Enter the number of Forms W2G included in line 1s. Enter -0 If not applicable 15 0 C Did the organization comply with backup withholding roles for reportable payments to vendors and reportable gaming (gamining) withings to prize worthware? 25 Enter the number of employees reported on Form W3. Trenamitate of Wage and Tax Startermants, 160 for the celevidary year ending with or within the year covered by this return. 160 for the celevidary year ending with or within the year covered by this return. 160 for the celevidary year, and 2 as greater than 250, you may be the required to ending the year? 26 Enter the number of many 2 as greater than 250, you may be required to ending the year? 37 End the ceganization have unvaluated business gross income of \$1,000 or more during the year? 38 End of the ceganization have unvaluated business gross income of \$1,000 or more during the year? 39 End of the ceganization have unvaluated business gross income of \$1,000 or more during the year? 40 A tarry time during the celestriary 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 bark account, securities account, or other financial accountry. 40 If "Yes," and the name of the foreign country is a bark account, securities account, or other financial accountry. 41 End of the ceganization fine form 80888-77 42 End of the ceganization the ceganization fine form 80888-77 43 End of the ceganization fine form 8088-87 44 End of the ceganization fine form 8088-87 45 Did any score and party to a prohibited tax eheller transaction? 45 Did the organization related the ceganization fine form 8088-77 46 Coss the organization fine form 8088-77 47 Ceganization start and score of the ceganization fine form 8088-77 48 End of the ceganization related the contributions under section 170(c). 49 If "Yes," include the organization fine form 8082 included the sec	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
to Enter the number reported in Box 3 of Form 1098. Enter of 11 not applicable 15 10 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) whrongs to prize whrone? 28 Enter the number of amployees exported on Form W-3, Transmitted of Wage and Tax Statements, feed for the catemotor year ending with or within the year cowered by this extent. 29 Enter the number of amployees exported on Form W-3, Transmitted of Wage and Tax Statements, feed for the catemotor year ending with or within the year cowered by this extent. 20 Enter the number of amployees exported on Form W-3, Transmitted of Wage and Tax Statements, feed for the catemotor year ending with or within the year cowered by this extent. 20 Enter the number of the 2, did the negarization file all singulated federal employment tax returnes? 21 File 11 the statement of the organization statement of the statement of the organization statement of the statement of the statement of the organization statement of the stat		Check if Schedule O contains a response to any question in this Part V			
b Exter the number of Forms W-20 included in line 1s. Enter -0. If not applicable				Yes	No
b Exter the number of forms W-26 included in line 1s. Enter - 6 if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter :0 if not applicable	<u> </u>		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambining) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Trenamitat of Wage and Tax Statements, field for the calendary ware and entirely with or within the year covered by this return. 5 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-fife (see instructions) 5 If Yes, than it filed a Form 900-T for this year? If Yes, provide an explanation in the standard year, did the organization have enhanced account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If Yes, than it filed a Form 900-T for this year? If Yes, provide an explanation in Schedulae 0 5 If Yes, than it filed a Form 900-T for this year? If Yes, provide an explanation in the standard year, did the organization have enhanced an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If Yes, that the mann of the foreign country (such as a bank account, securities account, or other financial account)? 5 If Yes, the file of the foreign country (such as a bank account, securities account, or other financial account)? 6 If Yes, the file of the file of the foreign country (such as a bank account, securities account.) 7 If Yes, the file of the organization file Form 88817? 8 If Yes, did 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 in E-form 88817? 8 If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductions and the form 8000000000000000000000000000000000000	b		٠,		
gembing) winnings to prize winners? 2 Earlet rive number of embloyses reported on Form W-3, Trenamitated of Wage and Tax Statements, fleed for the calendar year ending with or within the year covered by this return. 3 It is also to be a reported on fine 2a, did the organization fills all required federal employment fax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-fife (see instructions) 3 It is the sum of lines is and 2a is greater than 250, you may be required to e-fife (see instructions) 3 It is the sum of lines is and 2a is greater than 250, you may be required to e-fife (see instructions) 3 It is a fift of Form 900 10 to its years 11 %o, provide an explanation in Schredule O 3 It is a fift of Form 900 10 to its years 11 %o, provide an explanation in Schredule O 3 It is a fift of Form 900 10 to its years 11 %o, provide an explanation in Schredule O 4 At Any time during the catendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country 12 %o, provide an explanation in Schredule O 5 It is see instructions to firiting requirements for Form 900 22:1, Report of Foreign Bank and Financial Accounts. 5 West the organization spurry to a protribited tax chefater transaction at any time during the tax year? 5 West the organization is pury to a protribited tax chefater transaction at any time during the tax year? 5 Did any steadile party notify the organization that it was or is a party to a protribited tax chefater transaction at a party to a protribited tax chefater transaction at a party to a protribited tax chefater transaction at a party to a protribited tax chefater transaction at a party to a protribited tax chefater transaction at a party to a protribited tax chefater transaction at the companization of the second and transaction of the second party to a party to a protribited to a party and transaction of the second party to a party and trans			1		
be Eiter the number of employees reported on Form W-3, Transmittal of Wage and Tox Statements, 2e 68 bill at least one is reported on the 2e, did the organization file all inquired federal employment tax returns? Note, If the sum of lines 1e and 2e is greater than 250, you may be required to 0-186 (see instructions) 30 Of the organization have unrelated business gross income of \$1,000 or more during the year? 32 bill Yes, Thes It filled a Form 690-7 for this year? If Yes, Provide an explenation is Schedus 0 33 bill Yes, Thes It filled a Form 690-7 for this year? If Yes, Provide an explenation is Schedus 0 34 As any time during the calendary year, did the organization have an Internation, or a signature or other authority over, a financial account in a foreign country (such as a bank account, accurties account, or other financial account). 35 bill Yes, Thes It filled a Form 690-7 for this year? If Yes, The organization have the organization and the organization account. 36 Was the organization party to a prohibited text shelter transaction at any time during the text year? 37 bill Yes, To line 6 or 56, did the organization have the shelter transaction at any time during the text year? 38 bill Yes, All on 6 or 56, did the organization have remarked the organization account any contributions but were not tax deductible as charitable contributions? 38 bill Yes, All of the organization have remarked the organization account any contributions that were not tax deductible as charitable contributions under section 170(c). 39 bill Yes, All of the organization and provided to the property of the organization account any contributions that may receive deductible contributions under section 170(c). 30 bill the organization that may receive deductible contributions under section 170(c). 30 bill the organization that may receive deductible contributions under section 170(c). 31 bill Yes, Yes, Price the amount of the water of the organization and services provided to the payor? 32 bill Yes, Yes, Price the amoun	ŭ		4.	x	
filed for the calendar year ending with or within the year covered by this return. b if at least one is reported on fine 2s, all the organization file all recycled federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to or-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? 4b If Yes, * reter the name of the foreign country (when as a bank account, a certifical account)? 5c Was the organization aparty to a prohibited tax eheter trensaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax eheter trensaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax eheter trensaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax eheter trensaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax eheter trensaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax eheter trensaction at any time during the tax year? 5c Was the organization in party to a prohibited tax eheter trensaction at any time during the tax year? 5c Was the organization that were not tax deductibite as charitable contributions? 6c Was the constitution to the well and the second organization organization include with every aclientation an express statement that such contributions or gifts were not tax deductibite? 7c Organizations that many receive deductible contributions under section 170(c). 7reganizations that many receive deductible contributions under section 170(c). 7reganizations that many receive deductible contributions under section 170(c). 7reganizations that many receive deductible to the property or which it was required to life form 8282? 7reganization receive any time for the valu	0-				┼┈─
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 60¢(s)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 49867 b Did the organization make any taxable distributions under section 49867 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a thitiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not not amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(s)(1) non-exempt charitable trusts, is the organization filing Form 990 in fieu of Form 1041? b If "Yes," enter the amount of tex-exempt interest received or accrued during the year 11	ė	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	78		
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organization is licensed to issue qualified health plans	b	• • • • • • • • • • • • • • • • • • • •	- 35		•
c Enter the amount of reserves on hand	~		:		
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			· [- 1	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140	Did the organization receive any payments for indoor tenning services during the tax year?	148	_	X
Form 980 (2012)				一	
		11 - 100° HISTORING STAILLIES TO ICHAIT HIGGS NOVIMBERS Lie 110° Inching the advantage of a contrader of the William Cont	_	990 (2012)

	Boston Children's Heart Foundation, Inc. 04-279			ege 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"	respo	nse
	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			\mathbf{x}
Sec	tion A, Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1s	9	·	1
	If there are material differences in voting rights among members of the governing body, or if the governing	7	١, '	1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule C.	1.	1	, ,
ь		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 :		1
_	officer, director, trustee, or key employee?	2	<u>}</u>	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?	в	lх	1
4	Old 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?	5		X
6	Did the organization have members or stockholders?	e	X	
7a		<u> </u>		
,	more members of the governing body?	7a	x	l
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
	persons other than the governing body?	76	X	ĺ
8	Old the organization contemporaneously document the meetings hald or written actions undertaken during the year by the following:	1		
	The governing body?	8a	Х	1
	Each committee with authority to act on behalf of the governing body?	86	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	В	.	х
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-,	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			_
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	L	<u></u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	118	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		•	•
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		
a	The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 16a or 15b, describe the process in Schedule O (see instructions).	l . l		•
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a]]	ı	
	taxable entity during the year?	18a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	i''	٠,٠	•
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ŀ	•
	exempt status with respect to such arrangements?	16b		
Sec	lion 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) a	wallabi	8	
	for public inspection, indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Cher (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨		
	Joseph Cantlin - (617) 355-4895			
7(200	300 Longwood Avenue, Boston, MA 02115		200	
732006 12-10-1	2	Form !	990 (2	2012)

Form 990 (2012)				Foundation,		04-2790699	Page 7		
Part VII Compensat	ion of Officer	s, Directors, True	stees, Ke	Employees, High	est Com	pensated			
Employees, and Independent Contractors									
Check if Sched	ule O contains a n	esponse to any questi	ion in this Pa	rt VI			🗀		

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 (0), (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 r	or any related	org	aniz	atio	1 00	тпре	กรอ	ted any current officer,	director, or trustee.			
(A)	(B)	Π			C)			(D)	(E)	(F)		
Name and Title	Average	1,4	Position (do not check more than one					Reportable	Reportable	Estimated		
	hours per	bo	or, unde Soer au	MS PI	breon	le bo	th an	compensation	compensation	amount of		
	week	1		70 81	7	T	T	- iroin	from related	other		
	(tist any	12		l		ł	1	the	organizations	compensation from the		
	hours for related	1 5	l a	l	1	Ħ	l	organization (W-2/1099-MISC)	(W-2/1089-MISC)	organization		
	organizations	trette er directer	Ę		E	吾	1	(172 1035 14100)		and related		
	below	trafiedan	Astroforal mate	,	Ley emplayee	# E	- I			organizations		
	ilne)	휼	1 2	퓛	Ē	Ribert tamper employes	State					
(1) James E. Lock, MD	55.00	1_							_	400 554		
President	5.00	ĮX	<u> </u>	X	L	L	Ļ	534,310.	0.	189,554.		
(2) Tal Geva, MD	60.00	┨	I			1						
Treasurer (3/13-9/13)		X	1_	X	L	_	_	343,729.	0.	142,380.		
(3) David R, Fulton, MD	60.00	1		Í	1	ı	i					
Secretary		X	1_	X	<u> </u>	上	L	389,801.	0.	164,662.		
(4) Edward P. Walsh, MD	60.00	١		ļ		ĺ	1		•	450 050		
Director (3/13-9/13)	- CO - CO	X	lacksquare	L.	L.	ļ	 _	411,552.	0.	153,053.		
(5) Melvin Almodovar, MD	60.00	١.,		Ι.		l		355 400		00 410		
Director (3/13-9/13)	20 00	X	Н.	<u> </u>	<u> </u>	ļ	L	376,189.	0.	80,412.		
(6) Audrey C. Marshall, MD	60.00	١						1 242 252		106 744		
Director		X	1	-		_	_	342,369.	0.	126,744.		
(7) William T. Pu, MD Director	.60.00	x					ŀ	232,659.	0.	110,762.		
(8) Rahul Rathod, MD	60.00	r	\vdash			-	<u> </u>	232,033.		110,702.		
Director (3/13-9/13)	00.00	x						201,945.	0.	64,521.		
(9) Michelle Gurvitz Wichman, ND	60.00	 	-		-			201,713.	<u>``</u>	01/0221		
Director (3/13-9/13)	00.00	x				l		201,454.	o.l	69,437.		
(10) Steven D. Colan, MD	60.00	-			_	Н		20272341				
Treasurer (10/12-3/13) & Dept. Chief		Х	!	x				405,904.	о.	162,575.		
(11) Peter C. Laussen, MD	60.00	-	1-1			\neg						
Director (10/12-3/13)		X		- 1				804,284.	0.	137,761.		
(12) David Brown, MD	60.00											
Director (10/12-3/13)		X		ļ	[ļ		286,342.	0.	52,569.		
(13) Andrew J. Powell, MD	60.00		П									
Director (10/12-3/13)		X			1			257,079.	0.	114,119.		
(14) Wayne Tworetzky, MD	60.00		П	\neg								
Director (10/12-3/13)		X			_			243,279.	0.	<u>111,863.</u>		
(15) Physicians' Org, at CH, Inc.	2.00											
Institutional Trustee			Х					0.	0.	0.		
(16) Jane Nawburger, MD	60.00	_]			1				_			
Dept, Chief				_1	X	\perp		438,434.	0.	168,645.		
(17) Thomas J. Kulik, HD	60.00	1	'	Į		I				445 446		
Dept, Chief					<u> </u>		_,	367,067.	0.	147,144.		
232007 12-10-12									ı	Form 990 (2012)		

232007 12-10-12

Form 990 (2012) Boston	Children	· 8	He	ear	:t	F	<u>our</u>	ndation, Inc	<u>. 0</u> 4-2	17 <u>90</u>	<u>699</u>	Pa	ge 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	plo	/003	, end	HI	ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless porson is hot officer and a director/trus				than sode	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imated ount o other	_
	(list any hours for related organizations below line)	Budiridusi Tustas er Greezer	Institutional trustee) Digest	Key employae	Highest companisated employee	िक्राच्छ	the organization (W-2/1089-MISC)	organization (W-2/1099-Mi		tro orga and	ensati m the nizatio relate nizatio	n đ
(18) Roger E. Breitbart, ND Dept. Chief	60.00				x			291,177.		0.	95	, 56	5.
(19) Kathy J. Jenkins, MD Cardiologist	60.00					x		470,934.		0.	125	,32	4.
(20) Michael J. Landzberg, MD Cardiologist	60.00					X		369,301.		0.	119	,62	5.
(21) Frank Cecchin, HD Cardiologist	60.00				\perp	x		338,047.	·	0.	139	,75	9.
(22) John Kheir, MG Cardiologist	60.00					х		336,601.		0.	71	,54	6.
(23) Peter Leng, MD Cardiologist	60.00					x		335,471.		0.	112	,96	3.
				_		_							
				\perp	1				•				
					1			9 077 050			266	ለለው	-5
1b Sub-total c Total from continuation sheets to Par	rt VII, Section A $_{\cdot \cdot}$				1		ļ	7,977,928.		0.	266		٥.
Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization)	ut not limited to th	039	liste	dabo	<u>)</u> (9Ve	wh	o nec		000 of reportable		200		5 <u>4</u>
3 Did the organization list any former office		stee	. kev	emc	oloy	80.	or hi	ighest compensated en	nployee on		Y		ło
Ine 1a? If "Yes," complete Schedule J if 4 For any individual listed on line 1a, is the	or such individual							. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		}	3		<u>K</u>
and related organizations greater than \$ 5 Did any person listed on line 1a receive	\$150,000? <i>If</i> "Yes,"	con	nple	te Sc	had	fula :	J fa	r such individual		}	4	X	<u> </u>
rendered to the organization? If "Yes," of Section B. Independent Contractors										1	6		<u> </u>
Complete this table for your five highest the organization. Report compensation	t compensated ind	eper	nden ndin	t cor	ntrac	ctor	s tha	at received more than \$ the organization's tex ve	100,000 of com	pensa	tion fro	m	_
(A) Name and busing							T	(B) Description of se		Co	(C)	etion	_
Child Health Foundation 3 South, 771 Albany Str					ir	ng	Pl	hysician Ser	vices		107	,163	<u> </u>
													_
							1						
							\downarrow						_
	a (including but no	t ibro	ted	to the	094	liste	acl al	havel who received mo	re than	٠.			_
2 Total number of independent contractor	o formonia de ser un				~~~								

		2012) BOSTO	n chilar	en a nea	rt Foundat	TOH, THE.	04-2790	699 Page
ırt 7	VIII							Г
, 1	•	Check if Schedule O cont	ains a response	to any question i	n this Pari VIII (A) Total revenue	(B) Related or	(C) Unrelated	Revenue exclud
•					, , , , , , , , , , , , , , , , , , , ,	exempt function euneven	business revenue	from tax under sections 512, 513, or 514
1	a	Federated campaigns	ta					
1		Membership dues			- *** :: ::			
ľ		Fundraising events			•			
Į.		Related organizations		350,000,				
1		Government grants (contribut	·····					
1		All other contributions, gifts, gran						
	•	similar amounts not included abor						
1	_	Noncesh contributions included in lines			•			
1	_	Total. Add lines 1a-1f			350,000.			ļ
╁	-"-	Total. Add and a fa-ti	***************************************	Business Code				
١.	2 8	Not Patient Service Re	Venue	621300	35,933,161.	35,933,161.		ł
1 4	b	Research Revenue		611710	1,679,387,			T
	0	Clinical and other rev	anua	621990	1,633,832.			
1	ن	Admin, Supervision, &		611710	901,582,	901 582.		
2	٥	Addin, Bapervision, E	Tooching					
ı	4	All other program service reve	PDLIB			-		
	•	Total, Add lines 2a-21		>	40,147,962.			
1 3		investment income (including						
`	-	other similar amounts)			215,134,		-337,	215,4
4		income from investment of ta	x-exempt bond o	roceeds >				
8	-	Royalties		- (
`	•		(i) Real	(II) Personal			5 a 1	
۱	٠,	Gross rents	W					
١	, <u>.</u>	Lese: rental expenses						, ,
1	•	Rental Income or (loss)		<u> </u>				
1	٦	Net rental income or (loss)	<u> </u>	<u> </u>				
١,		Gross amount from sales of	(i) Securities	(ii) Other	; . ,		-	••
1 '	•	assets other than inventory	254,297.					
	_	Less: cost or other basis					iria.	
١	U	and sales expenses	200,000.	ŀ				
1	_	Gain or (loss)						
1		Net gain or (loss)		·	54,297.			54,2
١.		Gross income from fundralsing			7.		51 m 2 m 3	7 t 1 t 1 t 1 t 1
"	, a	Including \$				· · · · · · · · · · · · · · · · · · ·		
i i		contributions reported on line		1				• · ·
		Part IV, line 18						
	_						*.	
1	9	Less: direct expenses Net Income or (loss) from fund						
١.		Gross income from gaming ac						. :
۱°	, 0						٠,,	
1		Part IV, line 19 Less: direct expenses			٠.٠			
-		Net income or (loss) from gam		<u> </u>				
1.		Gross sales of inventory, less	_					
1 10	, a							
1	-	and allowances Less: cost of goods sold	b		İ	•	•	·
ĺ		Net income or (loss) from sale						
-	U	Miscellaneous Revenu		Business Code			· · · · ·	:
11	a	INIDOCINATIONS I TOTALIU			i			
۱''	b			 -				
1	c							
1	-	All other revenue						
1		Total, Add lines 11a-11d						<u> </u>
1		*****			40,767,393,	40,147,962.	-337.	269,76

Boston Children's Heart Foundation, Inc. 04-2790699 Page 10 Form 990 (2012) 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). (B) Check if Schedule O contains a response to any question in this Part IX (C) (D) Fundralsing Do not include amounts reported on lines 6b. Program service Management and general expenses Total expenses 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 913,340 913,340 organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 ... Benefits paid to or for members Compensation of current officers, directors. trustess, and key employees 5,892,472. 5,892,472 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 21,616,060. 20,967,578. 648,482. Other salarles and wages Pension plan accruais and contributions (include 2,671,101 82,611 <u>2,753,</u>712. section 401(k) and 403(b) employer contributions) 203,785. Other employee benefits 6,792,824. 6,589,039. 748,665. 726,349. 22,316. Payroll taxes Fees for services (non-employees): e Management 7.551. 7,551. b Legal 4,945. 4,945 o Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 142,012. 142,012. investment management fees Other, (If line 11g amount exceeds 10% of line 25, 84,548. 127,154 211,702. column (A) amount, list fine 11g expenses on Sch O.) 8,487. Advertising and promotion 8,487. 12 650,334. 620,658. 29,676. Office expenses 13 107,786. Information technology 14 Royafties 458,966. 30,770. 458,966. 30,770. Occupancy 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 292,626. 292,626. Conferences, conventions, and meetings 19 Interest 21 Payments to affiliates 1,042 1,042. 22 Depreciation, depletion, and amortization 486,516. 32,937. 519,453. Insurance 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24s. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 405,791. 405,791. Billing and collection 826,536. 647,718. Bad debt expense 826,536. 647,718. 277,916. c PO Dues 277,916. Patient staff relations 24,204. 24,204. All other expenses 44,334,912. 1,309,956. 43,024,956. Total functional expenses. Add lines 1 through 24s Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) Form 990 (2012) 232010 12-10-12

Boston Children's Heart Foundation, Inc. 04-2790699 Page 11 Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 8,227,459. 8,845,203. Cash - non-interest-bearing 1 2,736,423. 2,862,920. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 6,616,339. 4,377,096. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 529,887. 940,514. Part II of Schedule L Loans and other 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 instr). Complete Part II of Sch L 2,043,777. 2,491,881. Notes and loans receivable, net _____ Inventories for sale or use 139,913. 106,695. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a
b Less: accumulated depreciation 10b 1,301. 2,344 17,042,867. 18,543,743. 20,510,218. 11 Investments - publicly traded securities 20,190,141. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 2,865,275. 9,158,654. 4,398,882. 64,314,224. 2,571,730. 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,118,415. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond (labilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties ______ 23 24 Unsecured notes and loans payable to unrelated third parties 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 22,965,906. 24,086;046. 25 Schedule D 26,657,776. 25,084,321. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), chack here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 33,351,719. 37,034,247. 27 Unrestricted net assets 622,201. 722,614. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 37,656,448. 34,074,333. 33 Total net assets or fund balances 64,314,224. 59,158,654. 34 Total liabilities and net assets/fund balances Form 990 (2012)

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Form	890 (2012) Boston Children's Heart Foundation, Inc.	04-2	79069 <u>9</u>	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				(X)
	•		40 25	_ `	^^
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,76		
2	Total expenses (must equal Part IX, column (A), ilne 25)	2	44,33		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,56		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,07		
5	Net unrealized gains (losses) on investments	5	4,29	<u>1,5</u>	77,
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	8	2,85	8,0	<u>57.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	- 1			
	cotumn (B))	10	37,65	6,4	48.
Pai	rt XIII Financial Statements and Reporting				
	Check If Schedule O contains a response to any question in this Part XII				<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Account Cother		_ `		l .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		29		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		:	
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis		' '	` '	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			,
	consolidated basis, or both:	•			• :
	Separate basis Consolidated basis X Both consolidated and separate basis		.		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compliation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheol	tule O.			:
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit		:	
	Act and OMB Circular A-133?		За		X_
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	لييا	L
			_	990	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Manie Oi	ane on Sallisar		Children's F	leart	Found	lation	ı. Ind	a.		14-279		
Part I	Reason		rity Status (All organi									
The organ			because it is: (For lines									
- ₁ 🗀			s, or association of chu					I) .				
2 🗀	A school des	t notices ni bedina	70(b)(1)(A)(ii). (Attech So	chedule E.	.)							
3 🔲	A hospitel or	a cooperative hosp	ital service organization	described	In section	170(b)(1)(A)(III).					
4 🗀	A medical re-	search organization	operated in conjunction	with a ho	spital desc	ani bedin:	ection 17)(A)(1)(d)0	III). Enter	the hospite	J's nan	18,
	city, and stat		•									
5 🗀	An organizat	ion operated for the	benefit of a college or u	niversity o	or o benryc	perated b	y a goverr	ıməntal ur	uit descri	bed in		
	section 170	(b)(1)(A)(lv). (Compl	iete Part (L)									
в 🗀	A federal, ste	ate, or local governm	nent or governmental uni	t describe	ed in section	on 170(b)(1)(A)(v).					
7 🗀			celves a substantial part					or from the	e genera	l public des	cribed i	'n
	section 170	b)(1)(A)(vi), (Comple	ete Part II.)									
8 🗀	A community	trust described in	section 170(b)(1)(A)(v1).	(Complete	Part II.)							
9 X	An organizat	ion that normally red	ceives: (1) more than 33	1/3% of its	s support	from contr	ibutions, i	nembersh	ip fees, a	and gross re	celpts	from
	activities rela	ited to its exempt fu	nctions - subject to certi	ain except	lons, and	2) no mor	e than 33	1/3% of it	s suppor	t from gross	invest	ment
	Income and	unrelated business t	laxable income (less sec	tion 611 to	ex) from bi	eeszenlau	acquired l	by the arg	anization	after June	30, 197	′ 5.
_	See section	509(a)(2). (Complet	e Part III.)									
10	An organizat	ion organized and o	perated exclusively to te	et for pub	lic safety.	See section	on 509(a)(4}.				
11 📖	An organizati	ion organized and o	perated exclusively for ti	he benefit	of, to perf	orm the fu	nctions of	, or to can	ry out the	purposes	of one o	or
	more publicly	supported organization	ations described in secti	on 509(a)((1) or secti	on 509(a)(2). Sea se	ction 509	(a)(3). Ch	eck the box	(that	
	describes the	type of supporting	organization and compl									
	a L Type:	: b∐T	ypstl cllT	ype III - Fu	inctionally	Integrated	1 (n-functions		
الله ا	By checking	this box, I certify the	at the organization is not	controlled	d directly o	r Indirecti	y by one o	t wote qp	qualified	persons of	ner tha	n
	foundation m	nanagers and other t	than one or more public	y supporte	ed organiz	ations des	cribed in a	section 50	9(a)(1) or	section 50	3 (a)(2).	
f	if the organiz	ation received a wri	iten determination from '	the IRS th	at It Is a Ty	гре I, Тура	II, or Typ	e III				$\overline{}$
	supporting o	rganization, check ti	his box						•••••	•	•••••	ب
8	Since Augus	t 17, 2008, has the e	organization accepted a	ny gift or c	ontributio	n from eny	of the foll	lowing per	eons?		<u> </u>	
			ilrectly controls, either a								Yes	No
	the gov	erning body of the s	upported organization?	***************************************		************		********	•••••••	11g(i)	├ ┤	
	(ii) A family	member of a perso	n described in (i) above?	·				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	119(1)	╂╼╼┤	
			person described in (i) (*	119(11)		
h	Provide the f	oliowing information	about the supported or	ganization	(s).							
			,	10 15 15		1	110 - 41	(w1) 1e	· iha			
	of supported	(II) EIN	(iii) Type of organization	(iv) is the c	organization	(v) DIO yo	u nolity the Ilon in col	organizați	on in col.	(vII) Amoun		etary
orga	anization		(described on lines 1-9 above or IRC section		sted in your document?		r support?	(vi) li organizati (i) organiz U.S	ed in the	sup	port	
			(990 instructions))		No	Yes	No	Yes	No			
				Yes	NO	108	140	165	140			
					l	1			ł			
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Total				L	L	L.——				- 000 00		

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

232021 12-04-12

	edule A (Form 990 or 990-EZ) 2012	O	Deposits and the	Specification (S/A)	EVELVANCE OF	A AVAILABITATION	Page 2
PE	Support Schedule for (Complete only if you checke	Organizations	Described in	Sections 170(D)(1)(M)(IV) 4III	under Dert III. II the	omenization
	falls to qualify under the tests				I leien to domin	uncer rent m. n ute	Oleanzarion
		s listed dalow, plea	iso complete rait ii	11.)			
_	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·		·		т	
	indar year (or fiscal year beginning in)	(a) 2008	(p) 500a	(0) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not					l l	
	Include any "unusual grants.")						
2	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to			j			
	or expended on its behalf						
3	The value of services or facilities			1	1	Ī	
	furnished by a governmental unit to		}	İ			
	the organization without charge						
4	Total. Add lines 1 through 3						
6	The portion of total contributions		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	by each person (other than a						
	governmental unit or publicly			-1, 1, 1, 1			
	supported organization) included						
	on line 1 that exceeds 2% of the			. 55. 75			
	amount shown on line 11,			` .:.			
	column (f)	·, `.		• • •			
6	Public support. Subtract line 8 from line 4.		·		,		
Se	ction B. Total Support	-					
Cale	nider year (or fiscal year beginning in)	(a) 2008	(b) 2009	(e) 2010	(d) 2011	(a) 2012	(f) Total
7	Amounts from line 4						
	Gross Income from Interest,						
	dividends, payments received on		1				
	securities loans, rents, royalties			ŀ			
	and income from similar sources		•				
9							
•	activities, whether or not the			•			
	business is regularly carried on		· .	j			
10	Other income. Do not include gain						
	or loss from the sale of capital			1			
	assets (Explain in Part IV.)						
44	Total support, Add lines 7 through 10						
12		etc (see instruct)	one)			12	
	First five years. If the Form 990 is for	r the organization's	first second. third			n 501(c)(3)	
10	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (วไมตาก (กิ)		14	%
	Public support percentage from 2011					15	%
	33 1/3% support test - 2012. If the					ore, check this box	and
100	stop here. The organization qualifies	es a muhikku sunn	orted organization				▶□
	33 1/3% support test - 2011. If the	as a pobles, sopp	t check a box on lir	ne 13 or 16a, and i	ine 15 la 33 1/3%	or more, check thi	s box
•	and stop here. The organization qual						
47-	10% -facts-and-circumstances tes	t - 2012 If the arm	anization did not of	neck a box on line	13, 16a, or 16b. s	nd line 14 is 10% c	or more.
176	and if the organization meets the *fac	teandaire metas	cast test chack thi	s hox and aton he	re. Explain in Par	t IV how the organia	zation
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes	1031. THO UISMINSK 1 - 2014 - 1145	ontrotton did not all	ank a hay an ilaa	19 16a 16h ^*1	7a and line 15 le 1	0% or
Ç	1079 -18Cts-and-circumstances tes	t • zu i i. ir tne org	matangan tant	ook this have and a	ton here Evoluis	in Part IV have the	
	more, and if the organization meets the	TE TECTS-BADG-CIRCU	mstances" test, cnt	ech urs dox end 8	rob tiet ar cyhismi	nication	►□
	organization meets the "facts-and-circ	cumstances" test.	ine organization di	Jauries as a public	is enthoused oids	nd see heta wikee	
18	Private foundation, if the organization	n dia not check a	DOX ON IMB 13, 168	100, 178, 07 170,		dule A (Form 990 c	
							-, ,

232022 12-04-12 Schedule A (Form 990 or 990 EZ) 2012 Boston Children's Heart Foundation, Inc. 04-2790699 Page 3

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.)

Sec	ction A. Public Support	erow, piesse com	piete Part II.)				· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and			1		1	127
	membership fees received. (Do not						ļ
	include any "unusual grants.")	1250000.		900,000.	i	350,000.	2500000.
2	Gross receipts from admissions, marchandise sold or services per- formed, or facilities furnished in any activity that is retard to the						189964181
3	Gross receipts from activities that						
	are not an unrelated trade or bus- lness under section 513						
4	Tax revenues levted for the organ-	r	1			1	
	ization's benefit and either paid to				1		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	19609109	4 4 4 2 5 2 4 4	16704606	AFO16900	40407062	192464181
		4/60/49/.	1243/394.	46/04606.	42710/77	4049/902.	192464161
78	Amounts included on lines 1, 2, and						0.
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	:					<u> </u>
	amount on line 13 for the year						0.
o	Add lines 7e and 7b						0.
8	Public support (Subsection Testrom Bred)						192464181
Sec	etion B. Total Support						
Cale	adar year (or liscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	***************************************	47607497.	<u> 12437394.</u>	46704606.	45216722.	40497962.	192464181
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1013577.	718,120.	235,812.	204,116.	215,471.	2387096.
ь	Unrelated business taxable income	<u>`</u>					
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			485.			
c	Add lines 10a and 10b	1013577.	718,120.	236,297.	207,247.	215,134.	2390375.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other Income. Do not include gain or loss from the sale of capital				1510000		
	Total support. (Add lines 9, 100, 11, and 12.)					_	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth te	x year as a sectio	n 501(o)(3) organiz	ation,
_	check this box and stop here						<u></u>
	tion C. Computation of Publi						AA 88
	Public support percentage for 2012 (II					15	98.77 %
	Public support percentage from 2011 tion D. Computation of Investigation					16	99.16 %
	Investment income percentage for 20			e 13. cokimn (ff)		17	1.23 %
18	Investment income percentage from 2	•	••			18	.84 %
	33 1/3% support tests - 2012. If the						
100	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2011. If the						************
D	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•			
	3 12-04-12	1101 01100n a !		, 10-0, 0, 10-011 11		edule A (Form 990	

CISJ1S89MK

	· · · · ·			,		ation. (Sec			<i>e</i>		
rt III:											
e Foundation	changed	its	year	end	from	June	30	to	September	30	starting
September 30	2010.										
			 _								
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	<u> </u>			_							
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		_									
											
						·			<u> </u>		
											· · _

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 690. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	Boston Children's Heart F		04-2790699
Pa	rt I Organizations Maintaining Donor Advised Funds of	Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Do	nor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
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 f	unds
•	are the organization's property, subject to the organization's exclusive legs		
6	Did the organization inform all grantees, donors, and donor advisors in writ		
•	for charitable purposes and not for the benefit of the donor or donor advise		
	Impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization ans	vered "Yes" to Form 990, Part	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all t		
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space		
2	Complete fines 2a through 2d if the organization held a qualified conservati	on contribution in the form of a	conservation easement on the last
-	day of the tax year.		
			Held at the End of the Tax Year
R	Total number of conservation easements		2e
ь	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure include		
ď			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extingi	ilshed, or terminated by the org	anization during the tax
-	year >		-
4	Number of states where property subject to conservation easement is local	ted >	
5	Does the organization have a written policy regarding the periodic monitoring	ng, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
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 cons		
8	Does each conservation easement reported on line 2(d) above satisfy the re	equirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements		
	include, if applicable, the text of the footnote to the organization's financial	statements that describes the o	organization's accounting for
	conservation easaments.		
Pa	rt till Organizations Maintaining Collections of Art, Histo		r Similar Assets.
	Complete If the organization answered "Yes" to Form 990, Part IV, II		
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to		
	historical treasures, or other similar assets held for public exhibition, educa-		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these item		
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep		
	treasures, or other similar assets held for public exhibition, education, or re-	earch in furtherance of public s	ervice, provide the following amounts
	relating to these Items:		
	(i) Revenues included in Form 990, Part Vili, line 1		
	(II) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other		n, provide
	the following amounts required to be reported under SFAS 118 (ASC 958) r		
a	Revenues included in Form 990, Part VIII, line 1	***************************************	• \$
þ	Assets included in Form 990, Part X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	> \$

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

CISJ1S89MK

			Heart Fou						
	rt III Organizations Maintaining C								
3	Using the organization's acquisition, accession	n, and other record	is, check any of the	following that i	are a signi	ficant use of	its collection	n iten	ns
	(check all that apply):	_						•	
8	Public exhibition	d		hange program	13		•		
ь	Scholarly research	•	L Other						
C	Preservation for future generations					_			
4	Provide a description of the organization's co	•	-	_	-		Part XIII.		
5	During the year, did the organization solicit or		•						- 1
r=-	to be sold to raise funds rather than to be ma						Yes		<u> No</u>
Par	rt IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Y	es" to For	m 990, Part I	V, line 9, or		
	reported an amount on Form 990, Part								
18	is the organization an agent, trustee, custodia						_		_
	on Form 990, Part X?					l	Yes	<u> </u>	_l No
Ь	If "Yes," explain the arrangement in Part XIII a	ind complete the fo	llowing table:	•					
							Amount		
Ç	Beginning balance				J	1c			
þ	Additions during the year	,	.,,,			1d			
0	Distributions during the year					10			
1	Ending balance					18			
28	Did the organization include an amount on Fo	m 990, Part X, Iline	21?				Yes	<u></u>	٦ No
_ b	if "Yes," explain the arrangement in Part XII.	Check here if the ex	planation has been	provided in Pa	rt_XIII ,	.,,.,,			
Par	rt V Endowment Funds. Complete If	the organization an	swered "Yes" to For	m 990, Part IV	line 10.				
		(a) Current year	(b) Prior year	(c) Two years t	ack (d)	hree years bad	ck (e) Four	years	back
18	Beginning of year balance	722,514.	1,313,292.	1,150,	000.	1,150,00	0.	30	000.
b	Contributions	350,000.		900,	000.		1,	250,	000
0	Net Investment earnings, gains, and losses								
	Grants or scholarships				\neg				
	Other expenditures for facilities								
	and programs	450,413.	590,678.	736,	708.			130,	000,
f	Administrative expenses								
	End of year balance	622,201,	722,614.	1,313,	292,	1,150,00	0. 1,	150,	000.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1a. column (a)) held as:					
_	Board designated or quasi-endowment	.00	%	,,					
	Permanent endowment ► .00	%	~~~~						
	Temporarily restricted endowment ▶ 100								
·	The percentages in lines 2a, 2b, and 2c should								
39	Are there endowment funds not in the possess		tion that are held a	nd administere	d for the o	roanization			
	by:	aton or the organica	agai and are trend a				Ţ.	Yes	No
•	(I) Unrelated organizations								X
	(ii) related organizations							1	X
h	if "Yes" to 3a(ii), are the related organizations								
4	Describe in Part XIII the intended uses of the	•	******	******					
Pai	rt VI Land, Buildings, and Equipme								
[4.	Description of property			or other	(c) Accur	mulated T	(d) Book	volu	
	Description of property	(a) Cost or of basis (investm			depreci		(d) book	· vaice	•
	Lond		ionity Guest			N. 1 4 4 4			
18	Land	•				 +			
	Buildings	·							
C	Leasehold Improvements	·							
	Equipment			5,208.		,907.		. , 3	<u> </u>
e	Other	<u> </u>				7,3011		, 30	
Total	. Add lines 1a through 1e. (Calumn (d) must eq	uai Form 990, Part :	X, column (8), line 1	D(C).) _,				٠, ٥١	<u> </u>

Schedule D (Form 990) 2012 Boston Chil Part VII Investments - Other Securities. Sec	dren's Hear	t Foundation	i, Inc. 04	-2790699 Page 3
(a) Description of security or category (including name of security)	(b) Book value		retuetion: Cont. or one	i-of-year market value
	(D) COOK VAICE	(5) (5) (1) (1) (1)	Valuations Cost of the	- Oryon market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) Interest in the P.O.	- ************************************	1 70-4 - 4 3		· • • • • • • • • • • • • • • • • • • •
(B) Pooled Investment Fund	20,190,14	End-of-X	ear Market	Value
(C)				
<u>(D)</u>			•	
(E)				
<u>(F)</u>				
_(G)				
(+1)				
Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.)	20,190,14	1.		
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value		valuation: Cost or enc	i-of-year market value
<u>(1)</u>				
(2)	*			
(3)				
(4)		- 		
(5)			····	
(6)		 		
				
(8)	····			
(8)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>		
Part IX Other Assets. See Form 990, Part X, line				
	Description			(b) Book value
(1) Due from Boston Children's				1,276,633.
(2) Due from Physicians' Organ	nization			220,810.
(3) Other Receivables				137,462.
(4) Other Assets				2,763,977.
(5)				
(6)				
(7)				
(8)				
(9)		·····		
(10)		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		-	4,398,882.
Part X Other Liabilities. See Form 990, Part X, III	ne 25			
1. (a) Description of liability	10 20.	(b) Book value		
		(0)		
(1) Federal Income taxes (2) Due to Boston Children's H	icenitel	2,120,755.		
(3) Accrued severance plan ob	destion	5,491,758.		
	rigacion			
(4) Accrued SERP		9,233,022.		
(5) Accrued pension liability		2,938,867		
(6) Accrued professional liabi		3,459,257.		
(7) Deferred compensation plan		263,226.		
(8) Due to Physicians' Organiz	ation	400,263.		
(9) Due to employees		47,236.		
(10) Due to affiliates		131,662.		
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	24,086,046.	_ :	. <u> </u>
2 Fish 49 (ASC 740) Ecologie in Bod VIII provide the text			etatemente that rene	te the organization's

2. Fin 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012

232053 12-10-12

Schedule D (Form 990) 2012 BOBTON Children's Heart Foundation Part XI Reconciliation of Revenue per Audited Financial Statements With R	
Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 980, Part VIII, line 12:	1 30,307,420.
= ************************************	,291,577.
	,251,517.

o Recoverles of prior year grants	,308,470.
e Add lines 2a through 2d	20 7,600,047.
3 Subtract line 2e from line 1	3 40,767,393.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Į · . •
a (investment expenses not included on Form 990, Part VIII, line 7b	 ' : i
b Other (Describe in Part XIII.)	
c Add lines 48 and 4b	46 0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part XII Reconciliation of Expenses per Audited Financial Statements With E	
1 Total expenses and losses per audited financial statements	1 44,334,912.
2 Amounts included on line 1 but not on Form 990, Part IX, fine 25:	
Donated services and use of facilities	
b Prior year adjustments 2b	
c Other losses 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	28 0.
3 Subtract line 2e from line 1	3 44,334,912.
4 Amounts included on Form 890, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	1.1
b Other (Describe in Part XIII.) 4b	
o Add lines 4a and 4b	40 0.
6 Total expenses, Add lines 3 and 40. (This must equal Form 890, Part I, line 18.)	
Part XIII Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ditional information.
Part V, line 4: Assets limited to use represent asset	ets held in trust
that are available to pay for future benefits to par	ticipants for deferred
compensation benefit plans and investments whose use	has been restricted
by donors to a specific time period or purpose.	
Part XI, Line 2d - Other Adjustments:	
Net assets released from restrictions	450,413.
Pension adjustment	2,858,057.
	Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Boston Children's Heart Foundation, Inc. 04-2790699 Page 5 Part XIII Supplemental Information (continued)
Total to Schedule D, Part XI, Line 2d 3,308,470.
Part X, FIN 48 Footnote:
The Foundation is a tax-exempt corporation as described in Section
501(c)(3) of the Internal Revenue Code (the Code), and is exempt from
federal income taxes on related income pursuant to Section 501(a) of the
Code. In addition, the Foundation qualifies for the charitable
contribution deduction under Section 170(b)(1)(A), and has been classified
as an organization that is not a private foundation under Section
509(a)(2). Tax-exempt organizations could be required to record an
obligation for income taxes as the result of a tax position they have
historically taken on various tax exposure items, including unrelated
business income or tax status. 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,
2013. The Foundation's tax years from 2010 through 2013 are potentially
subject to examination.
·
232055 12-10-12

SCHEDULE			,		,			OMB No. 1545-0047	247
(Form 990)			Governments	Governments, and Individuals in the United States	o to Organization in the United Sta	, de 1888 de 1888 de 1888 de 1888 de 1888 de 1888 de 1888 de 1888 de 1888 de 1888 de 1888 de 1888 de 1888 de 1		2012	~ !
Department of the Treasury Internal Rovenus Sarvice		Compl	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. P Attach to Form 990.	n answered "Yes" to Fo ► Attach to Form 990.	* to Form 990, Pa m 990,	rt IV, line 21 or 22.		Open to Public Inspection	9
Name of the organization	eoganization Boston Childr General Information on Grants and Assi	ldren's	Heart Found	Foundation, Inc.	.			Employer identification number 04-2790699	98 98 98
1 Does the omanie	ration maintain months to				4 H - H - H - H - H - H				
and post reported	DOCS OF STREETINGS INCLUDED INCLUDE IN SECURITIES OF SECURITIES OF SECURITIES SEGRECATED FOR THE GRAINS OF SECURITIES OF SECURIT	successioning of	sament or the grants	or assistance, the	grantees engloun	ry for the grants or ass	istance, and the selec	\ \frac{1}{2}	-
Criteria used to a 2 Describe in Part (oneria used to award the grains of assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nce? dures for monit	oring the use of grant	funds in the United	d States.				2
Part II Grants enc	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	vernments and	1 Organizations in the	United States. C	omplete if the org	anization answered "Y	es* to Form 990, Part	N, tine 21, for any	ļ
recipient th	recipient that received more than \$5,000.	000. Part II can	Part II can be duplicated if additional space is needed	onal space is need	led.			. !	
1 (a) Name end ad or gov	1 (a) Name and address of organization or government	(p) (e)	(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 Rospital	3 Rospital								
300 Longwood Avenue Boston, MA 02115	971	04-2774441	501(c)(3)	911,340.	0	8/8	N/A	Renoarch	
				_				-	
						·			
,									
2 Enter total rumb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government or	gantzations listed in th					•	F
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	sted in the line	1 table					•	0
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruct	tions for Form 990.					Schedule 1 (Form 990) (2012)	(2012

SCHEDULE J (Form 990)

Department of the Tressury Internal Revenue Service Compensation Information

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

Complete if the organization enswered "Yes" to Form 990,
Pert IV, line 23.

Attach to Form 990. See separate instructions.

OMB No. 1645-0047

2012

Open to Public inspection

Name of the organization Employer Identification number 04-2790699 Boston Children's Heart Foundation, Inc. Part I Questions Regarding Compensation Yes No to 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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax Indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, clid the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ______ 16 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, but explain in Part III. X Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations X 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, fist 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. For persons listed in Form 990, Part VIII, 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. 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regutations section 53.4958-6(c)?

Schedule J (Form 990) 2012

Page 2

Boston Children's Heart Foundation, Inc. 04-2790699

Schedule J (Form 980) 2012 Boston Children's Heart Foundation, Inc. 04-2790699

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

For each individual whose compensation must be reported in Schedula 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 930, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation		(a) (a)(a)	in prior Form 990
			compensation	compensation				
(1) James B. Lock, MD	(3)	518,726.	5,000.	10,584.	150,361.	39,193.	723,864.	0
President	(II)	1		0	0	0.	0	0
(2) Tal Geva, MD	ε	332,087.	5,000.	6,642.	107,543.	34,837.	486,109.	0
21	m	1	0		0	0.	0	o
(3) David R. Fulton, MD	ε	370,549.	5,000.	14,252.	129,825.	34,837.	554,463.	0
Secretary	(ii)		0.	0.	0	0.	0	0
(4) Edward P. Walsh, MD	ω	359,929.	5,000.	46,623.	113,860.	39,193.	564,605.	0
~ 1	(E)		0	0	•	0.	0	0.
(5) Melvin Almodovar, MD	ω	332,303.	5,000.	38,886.	42,962.	37,450.	456,601.	0
Director (3/13-9/13)	▣			0.		i	•0	o
(6) Audrey C. Marshall, MD	6	301,283.	2,000.	36,086.	87,551.	39,193.	469,113.	0
ctor	回			0.			0.	0
(7) William T. Pu, MD	€	232,209.	5,000.	-4,550.	75,925.	34,837.	343,421.	o
Director	旦						0	o
(8) Rabul Rathod, MD	6	156,780.	11,000.	34,165.	30,014.	34,507.	266,466.	Ö
Director (3/13-9/13)	旦		0.	0.	0	0		0
(9) Michelle Gurvitz Wichman, MD	Ξ	198,588.	2,000.	-2,134.	34,618.	34,819.	270,891.	o
Director (3/13-9/13)	▣			1		0		0
(10) Steven D. Colen, MD	€	391,640.	5,000.	9,264.	127,73	34,837.	568,479.	0
Treasurer (10/12-3/13) & Dept. Chief(ii)	Œ		0		• 0	ŀ	0	0
(11) Peter C. Laussen, MD	ω	272,770.	0	531,514.	109,202.	28,559.	942,045.	0
Director (10/12-3/13)	9				0	0.	0	0
(12) David Brown, YD	8	241,975.	5,000.	39,367.	41,936.	10,633.	338,911.	0
	9	- 1	0	0.		1		ó
(13) Andrew J. Powell, MD	Ξ	250,629.	5,000.	1,450.	79,282.	34,837.	371,198.	0
•	€		0.			i .		6
(14) Wayne Tworetzky, MD	E	234,82	5,000.	3,450.	77,026.	34,837.	355,142.	ò
Director (10/12-3/13)	(III)		0.	0.	0	0	0	0
(15) Jane Mewburger, MD	Ξ	424,170.	5,000.	9,264.	133,80	34,837.	. 670, 703	0
Dept. Chief				0		0.	0	0
(16) Thomas J. Kulik, MD	Ξ	332,509.	5,000.	29,558.	109,694.	37,450.	514,211.	0
vept. Chier	9	0.	0.	0	0	. 0	0	0

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Schodule J (Form 990) 2012

Page 2

Boston Children's Heart Foundation, Inc. 04-2790699

Schedule J (Form 990) 2012 Boston Children's Heart Foundation, Inc. 14-2/30659
[Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, fine 1a, applicable column (D) and (E) amounts for that Individual.

	Г	(B) Breakdown of I	Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Sinst	(n)Kika)	reported as deferred In prior Form 990
(17) Roger B. Breitbart, MD	€ !	279,535.	5,000.	6,64	60,72	34,837.	386,742.	
. Jenkins, KO	ΞE	381,572.	85,000.	4,362.	104,995.	20,329.	596,258.	0
	(11)		0			0	0.	
J. Lendzberg, MD	ε	321,151.	5,000.		80,43	39,193.	488,926.	0
	8		0.			0.		
(20) Frank Cecchin, MD Cardlologist	e 8	330,105.	5,000.	2,942.	100,566.	39, 193.	477,806.	
oir, 10	Ε	267,508.	5,000.	64,093.	34,30	37.237	408.147.	
	<u> </u>	1	0	0		0.		
ang, yan	ε	308,529.	5,000.	21,942.	73,770.	39,193.	448,43	
Cardiologist	Œ	0	0.	0	0	0	0	0
	ε							
	(II)					,		
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222112							Schede	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 Boston Children's Heart Foundation, Inc.	04-2790699 Page 3
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.	rt II. Also complete this part for any
Part I, Line la:	
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	
30, 2013: Melvin Almodovar, MD; Audrey C. Marshall, MD; Rahul Rathod, MD;	
	Schedule J (Form 990) 2012

Schedule J (Form 980) 2012 Boston Children's Heart Foundation, Inc.	04-2790699 Page 3	ရေ
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.	art II. Also complete this part for any	1
Edward P. Walsh, MD; Michael J. Landzberg, MD; John Kheir, MD; David Brown,		1
MD; and Peter C. Laussen, 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		Į
restated as of May 19, 2004. On June 30, 2005, the Foundation elected to		ľ
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,		i
benefit amounts, and other key provisions of this nonqualified benefit plan		i
are determined at the sole discretion of the Foundation's Board of		1
Directors. Although the assets of the plan have been irrevocably set aside		1
for payment of deferred compensation benefits, they are subject first to		1
the claims of the Foundation's creditors in the event the Foundation is		1
subject to bankruptcy proceedings. The assets of the plan are reflected in		ļ
the accompanying financial statements as assets limited as to use. The		1
Foundation made a severance payment to the following individual during the		i
year ended September 30, 2013: Peter C. Laussen, MD, \$19,124.		1
\$221.3 \$1-12	Schedule J (Form 990) 2012	2012

Part III Supplemental Information	03-2120023 Fage 3
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 II. Also complete this part for any
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 benfits, 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,	
2013 were as follows: James B. Lock, MD, \$969,024; Tal Geva, MD, \$558,570;	
David R. Fulton, MD, \$625,266; Audrey C. Marshall, MD, \$226,042; William T.	
Pu, MD, \$200,851; Edward P. Walsh, MD, \$605,862; Steven D. Colan, MD,	
\$657,506; Thomas J. Kulik, MD, \$308,597; Jane Newburger, MD, \$661,110;	
Kathy J. Jenkins, MD, \$577,296; Michael J. Landzberg, MD, \$84,046; Frank	
Cecchin, MD, \$117,480; Peter Lang, MD, \$554,928; Wayne Tworetzky, MD,	
\$75,790; and Andrew J. Powell, MD, \$207,394.	

SCHEDULE L (Form 990 or 990-EZ) **Transactions With Interested Persons**

2012

Department of the Treasury Internal Revenue Service · ► 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.

Open To Public Inspection

Name of the organization

Boston Children's Heart Foundation, Inc.

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 259 or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified	(a) December of temperation	(d) Con	ected?
(a) Name or disqualities person	person and organization	(c) Description of transaction	Yes	No
		· · · · · · · · · · · · · · · · ·		
	<u> </u>			
	 			
				
2 Enter the amount of tax incurred b	y the organization managers or disqualified pe	rsons during the year under		

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 36a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

Name of (b) Relationship (c) Purpose (d) Loan of loan or ganization h) Approved by board or committee? (j) Writien agreement? (d) Loan to or from the organization? (a) Name of (e) Original principal amount (g) In (f) Balance due interested person default? agreement? To From Yes No Yes No Yes No Audrey C. MarshDirectorPhysicia 181,322. 143,748 X X X X Rahul Rathod, MDirectorPhysicia 226,139. X X 256,000. Thomas J. KulikDepartmePhysicia X 100,000. 20,000. X X X John Kheir, MD CardioloPhysicia Michelle GurvtiDirectorPhysicia 100,000. 60,000. $\overline{\mathbf{x}}$ X X X 100,000. 80,000. X $\overline{\mathbf{x}}$ X $\overline{\mathbf{x}}$ 529,887.

Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, P	ert IV, line 27.		<u> </u>
(a) Name of Interested person	(b) Relationship between Interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
				J
		•	•	

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

Schedule L (Form 990 or 990-EZ) 2012

See Part V for Continuations

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia	aring c zation rues?
				Yes	No
·					
					\vdash
Part V Supplemental Information					
	tional information for responses to questions	on Schedule L (see	instructions).		
Schedule L, Part II, Los	ns To and From Interes	sted Person	ns:		
(a) Name of Person: Audr	ev C. Marshall, MD			-	
(c) Purpose of Loan: Phy		·			
	BICION RECIGIONE				
(a) was a fine a	3 n. 43 2 M				
(a) Name of Person: Rahu		·			
(c) Purpose of Loan: Phy	sician Recruitment	-			
					-
(a) Name of Person: Thom	nas J. Kulik, MD				
(b) Relationship with Or	ganization: Department	Chief			
(c) Purpose of Loan: Phy	sician Recruitment				
(a) Name of Person: John	Kheir, MD				
(b) Relationship with Or	<u> </u>	st			
(c) Purpose of Loan: Phy					
(c) rulpose of Boun. Thy	BICIAII NECLATAMONIC				
(a) Name of Person: Mich	elle Gurvtiz Wichman,	MD			
		<u> </u>			
(c) Purpose of Loan: Phy	sician Recruitment				
Schedule L, Part II, Loa	ns to and from Interes	ted Person	B:		
Boston Children's Heart	<u> </u>			ned	
22132			chedule L (Form 990 c		Z) 20°

Schedule L (Form 850 or 950-EZ) Boston Children's Heart Foundation, Inc. 04-2790699 Page 2 Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
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.
<u> </u>
·
·
252481 05-01-12 Schedule L (Form 990 or 990-EZ)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization

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

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

Schedule O (Form 990 or 990-EZ) (2012)

01-04-03

Name of the organization

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 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, 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" members Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990 EZ) (2012) Name of the organization Page 2

Boston Children's Heart Foundation, Inc.

Employer Identification number 04-2790699

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

Porm 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, Janine Santimauro; and the financial reporting manager,

Joseph Cantlin. A copy of Form 990 will be available to the board. 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
committee shall determine those individuals (including medical staff
327712
Schedute O (Form 990 or 990-EZ) (2012)

Name of the organization

Boston Children's Heart Foundation, Inc.

Employer identification number 04-2790699

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

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.

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

Form 990, Part VI, Section B, Line 15: All the physicians (top management, officers, and highly compensated individuals) fall under compensation guidelines determined by Harvard University (Harvard), with limitations established for certain positions/ranks within the medical school.

Annually, compensation is reviewed and reported to Boston Children's Hospital's (the Hospital's) Board of Trustees to ensure that total direct and indirect compensation does not exceed the pre-determined guidelines of Harvard. Any new indirect benefit plan requires approval by the Boston Children's Heart Foundation's (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 stability of the Foundation. This process Schedule O (Form 990 or 990-EZ) (2012)

CISJ1S89MK

Schedule O (Form 990 or 990 EZ) (2012)	Page 2
Name of the organization Boston Children's Heart Foundation, Inc.	Employer Identification number 04-2790699
was followed for the year ended September 30, 2013.	
Form 990, Part VI, Section C, Line 19: The Foundation mai	ntains all
financial records, conflict of interest policies, and gov	verning documents
at its main office at 300 Longwood Avenue, Boston, MA 021	15. The documents
are available upon request.	
·	
Form 990, Part X, Column A:	
The prior year column of the balance sheet on Form 990 wa	s updated to
agree to the audited financial statements, in which the p	rior year
classifications were revised. The lines that were updated	are: Line 4
was updated from \$6,646,523 to \$6,616,339; and Line 15 wa	s updated from
\$2,835,091 to \$2,865,275.	,
	·
Form 990, Part_XI, line 9, Changes in Net Assets:	
Pension adjustment	2,858,057.
Form 990, Part XII, Line 2c:	
The audit process has not changed from the prior year.	
	·
2322 12 01-04-13 Schedu	ule O (Form 990 or 990-EZ) (2012)

SCHEDULE R (Form 990) Department of the Tressary Informal Revenue Service		Related Organizations and Unrelated Partnerships Complete if the organization arswered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.	and Unrelated Partners is to Form 990, Part IV, line 33, 3	tnerships to 33, 34, 35, 36, ctions.	or 37.		Open to Public Inspection	Si di c
Name of the organization	nization Boston Children's	n's Heart Foundation,	on, Inc.			Employer identification number 04-2790699	fication nu 699	uper
Part I Identi	Identification of Digregarded Entities (Complete if the organization answered 17es* to Form 990, Part IV, line 33.)	e if the organization answered "Yes" to	o Form 990, Part IV, line 33.					
Name	(a) Name, address, and ElN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(of) Total income	(e) find-of-year assets		(f) Direct controlling entity	
]
].
Part II organ	identification of Related Tax-Exempt Organizal organizal organizalors during the tax year.)	uzations (Complete if the organization answered "Yes" to horm 990, Part IV, the 34 because it had one or more related tax-exempt	nswered "Yes" to Form 990	, Part IV, ime 34 D	scause it had one	or more related tax-ex	empt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	(S. 28 -
Boaton Childy	Baston Children's Bosnitel _ 04_077444				501(c)(3))		Yes	2
300 Longwood Avenue Boston, MA 02115	A Avenue	Hospital	Massachusetts	501(¢)(3)	Line 3	K/R		M
Physicians Org Rospital, Inc. Avenue, Boston,	anization at Children's - 04-3266103, 300 Longwood En 02115	Physician Organization	fassachudetts	501(c)(3)	Line 11a, I	8/A		M
For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990. 229.61	ns for Form 990.				Schedule	Schedule R (Form 990) 2012) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, tine 34 because it had one or more related organizations treated as a partnership during the tax year.)	ganizations Taxable as a F Anership during the tax yea	as a Parth IX year.)	tartnership (Complete II ir.)	Complete If the organiz	ation answered	"Yes" to Form	1990, Part IV, E	ne 34 beca	use it had one	one or more related	lated	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domidle (state o fortign country)	(d) Direct controlling entity	Predomin (related, excluded fro sections	(e) Predominant income Strated, unrelated, excluded from bax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Depro	Code V-UBI matheman 20 of Schedule No K-1 (Form 1065)	LOSI Section of the section of the s	() naging po	(I) (k) General or Percentage mensebry percent Yes No
												i
Part N Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization arswered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	as a Corport to the tax	oration or Trust (C year.)	omplete if th	ne organization a	answered "Yes	to Form 990,	Part IV, En	a 34 because it	had one	M more	related
(a) Name, address, and EN of rekted organization	NI C	Prám	(b) Primary activity	(c) Logal donticibo (statos or (oreign couray)	(d) Direct controlling entity	(G corp., S corp., S corp., or trust)	entity Shan S corp, in	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ship Ship	Section S124D/LIJ Controlled controlled controlled Ves No
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Page 3 Schedule R (Form 990) 2012 8 × × 04-2790699 Ë ပ္ Ę ٥ Þ ₽ 2 흔 5 Method of determining amount involved Sale of assets to related organization(s) Reimbursement paid to related organization(s) for expenses Loans or loan guarantees by related organization(s) Loans or loan guarantees to or for related organization(s) Purchase of assets from related organization(s) 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. Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) During the tax year, did the organization engage in any of the following transactions with one or more related organizations fisted in Pars II-N? Pairt V - Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) (c) Amount involved Schedule R (Form 990) 2012 Boston Children's Heart Foundation, Inc. (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Dividends from related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is fisted in Parts II, III, or IV of this schedule. q Reimbursement paid by related organization(s) for expenses Other transfer of cash or property from related organization(s) Other transfer of cash or property to related organization(s) Gift, gramt, or capital contribution to related organization(s) Sharing of pald employees with related organization(s) Name of other organization Exchange of assets with related organization(s) 222163 12-10-12 혤 **0** 9 ଉ ଷ ≘

Schedule R (Form 990) 2012 Boston Children's Heart Foundation, Inc.

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

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

Purrary activity (state or foreign (related, unratted, strict) of country) under section 512-54 of years income country) under section 512-54 of years income country) under section 512-54 of years income country)	(e)	@	(0)	(p) (c) (q)	©.	(t)	(6)	ε	(1)	6	æ
	ess, and thin	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-514)	#G. 2		Share of end-of-year assets	Parage A	amount in box 20 of Schedule K-1 (Form 1065)	Maraging Normal	Percentage ownership
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Part VII	(Form 990) 2012 Supplemental Info	rmation					-
	Complete this part to pr	ovide additional	information for respor	ises to ques	lions on Schedule R (se	e instructions).	
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