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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

201301

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013

B Check if applicable	C Name of organization		D Employer identification number
☐ Address change	Boston Children's Heart Foundation, Inc.		04-2790699
☐ Name change	Doing Business As		
☐ Initial return	Number and street (or P.O. box if mail is not delivered to street address): 300 Longwood Avenue	Room/suite: PAV 2	E Telephone number (617) 355-4895
☐ Terminated	City, town, or post office, state, and ZIP code: Boston, MA 02115		G Gross receipts $ 40,967,393.
☐ Amended return	F Name and address of principal officer: James E. Lock, MD same as C above		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
☐ Application pending			H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)

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

J Website: ▶ N/A

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1983 M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The Foundation provides an extensive range of evaluation services for patients (see Schedule O)

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	68
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-337.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	350,000.
	9	Program service revenue (Part VIII, line 2g)	45,216,722.	40,147,962.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	468,566.	269,431.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,685,288.	40,767,393.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,292,013.	913,340.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,809,910.	37,803,733.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,914,070.	5,617,839.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,015,993.	44,334,912.
	19	Revenue less expenses. Subtract line 18 from line 12	1,669,295.	-3,567,519.
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	59,158,654.	64,314,224.
	21	Total liabilities (Part X, line 26)	25,084,321.	26,657,776.
	22	Net assets or fund balances. Subtract line 21 from line 20	34,074,333.	37,656,448.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 7/15/14

▶ James E. Lock, MD, President
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name: Nicholas Porto	Preparer's signature	Date: 6/27/14	Check ☐ if self-employed	PTIN: P01310283
	Firm's name ▶ Baker, Newman, & Noyes, LLC			Firm's EIN ▶ 01-0494526	
	Firm's address ▶ 280 Fore Street Portland, ME 04101			Phone no. (800) 244-7444	

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

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

See Schedule O for Organization Mission Statement Continuation

CIS IMAGE DO NO CORRESPOND FOR SIGNATURE

SCANNED SEP 29 2014

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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III .... [X]

1 Briefly describe the organization's mission:
The Foundation provides cardiology services primarily to patients at Boston Children's Hospital and other health care providers at satellite locations. The Foundation carries on and promotes basic and applied medical research and education in the field (see Schedule O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .... [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .... [ ] Yes [X] 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 revenue, if any, for each program service reported.

4a (Code: ______) (Expenses $ 42,058,767. including grants of $ 913,340.) (Revenue $ 39,246,380.)
The Foundation provides cardiology services primarily to patients at Boston Children's Hospital and other health care providers at satellite locations. The Foundation may charge for patient care, other medical services, and related products, provided that any net income be used for the charitable, scientific, and educational purposes for which the Foundation was created. The Foundation also provides care for patients regardless of their ability to pay, as well as providing and subsidizing hospital and community based services that are either unavailable or limited elsewhere in the community.

4b (Code: ______) (Expenses $ 966,189. including grants of $ ______) (Revenue $ 901,582.)
The Foundation receives income from Boston Children's Hospital for providing administration, supervision, and teaching services. The Foundation carries on and promotes basic and applied medical research and education in the field of cardiology by teaching students and other medical and scientific personnel; by providing or supplementing income to research personnel through fellowships, research grants, and stipends; and by giving lectures and publishing information concerning problems and research results in the field of pediatric cardiology in order to educate the general public and the medical profession.

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

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

4e Total program service expenses ▶ 43,024,956.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did 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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did 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	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	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 Part V, line 1*	34	X	
35a	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? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 23			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI ..... [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 1a 9. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	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	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(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 financial statements available to the public during the tax year.

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

Joseph Cantlin - (617) 355-4895

300 Longwood Avenue, Boston, MA 02115

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) James E. Lock, MD President	55.00 5.00	X		X				534,310.	0.	189,554.
(2) Tal Geva, MD Treasurer (3/13-9/13)	60.00	X		X				343,729.	0.	142,380.
(3) David R. Fulton, MD Secretary	60.00	X		X				389,801.	0.	164,662.
(4) Edward P. Walsh, MD Director (3/13-9/13)	60.00	X						411,552.	0.	153,053.
(5) Melvin Almodovar, MD Director (3/13-9/13)	60.00	X						376,189.	0.	80,412.
(6) Audrey C. Marshall, MD Director	60.00	X						342,369.	0.	126,744.
(7) William T. Pu, MD Director	60.00	X						232,659.	0.	110,762.
(8) Rahul Rathod, MD Director (3/13-9/13)	60.00	X						201,945.	0.	64,521.
(9) Michelle Gurvitz Wichman, MD Director (3/13-9/13)	60.00	X						201,454.	0.	69,437.
(10) Steven D. Colan, MD Treasurer (10/12-3/13) & Dept. Chief	60.00	X		X				405,904.	0.	162,575.
(11) Peter C. Laussen, MD Director (10/12-3/13)	60.00	X						804,284.	0.	137,761.
(12) David Brown, MD Director (10/12-3/13)	60.00	X						286,342.	0.	52,569.
(13) Andrew J. Powell, MD Director (10/12-3/13)	60.00	X						257,079.	0.	114,119.
(14) Wayne Tworetzky, MD Director (10/12-3/13)	60.00	X						243,279.	0.	111,863.
(15) Physicians' Org. at CH, Inc. Institutional Trustee	2.00		X					0.	0.	0.
(16) Jane Newburger, MD Dept. Chief	60.00				X			438,434.	0.	168,645.
(17) Thomas J. Kulik, MD Dept. Chief	60.00				X			367,067.	0.	147,144.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) Roger E. Breitbart, MD Dept. Chief	60.00				X			291,177.	0.	95,565.
(19) Kathy J. Jenkins, MD Cardiologist	60.00					X		470,934.	0.	125,324.
(20) Michael J. Landzberg, MD Cardiologist	60.00					X		369,301.	0.	119,625.
(21) Frank Cecchin, MD Cardiologist	60.00					X		338,047.	0.	139,759.
(22) John Kheir, MD Cardiologist	60.00					X		336,601.	0.	71,546.
(23) Peter Lang, MD Cardiologist	60.00					X		335,471.	0.	112,963.
1b Sub-total ▶								7,977,928.	0.	2660983.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								7,977,928.	0.	2660983.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 64

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Child Health Foundation of Boston, Dowling 3 South, 771 Albany Street, Boston, MA	Physician Services	107,163.

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

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Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	350,000.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: $						
	h	Total. Add lines 1a-1f			350,000.			
Program Service Revenue				Business Code				
	2 a	Net Patient Service Revenue		621300	35,933,161.	35,933,161.		
	b	Research Revenue		611710	1,679,387.	1,679,387.		
	c	Clinical and other revenue		621990	1,633,832.	1,633,832.		
	d	Admin, Supervision, & Teaching		611710	901,582.	901,582.		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			40,147,962.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			215,134.		-337.	215,471.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory		254,297. /				
	b	Less: cost or other basis and sales expenses		200,000. /				
	c	Gain or (loss)		54,297. /				
	d	Net gain or (loss)			54,297.			54,297.
	8 a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			40,767,393.	40,147,962.	-337.	269,768.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

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Part X | Balance Sheet

Check if Schedule O contains a response to any question in this Part X .... [X]

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	8,227,459.	1	8,845,203.
	2	Savings and temporary cash investments	2,736,423.	2	2,862,920.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,616,339.	4	4,377,096.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	940,514.	5	529,887.
	6	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		6	
	7	Notes and loans receivable, net	2,043,777.	7	2,491,881.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	139,913.	9	106,695.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 5,208.			
	b	Less: accumulated depreciation — 10b: 3,907.	2,344.	10c	1,301.
	11	Investments - publicly traded securities	17,042,867.	11	20,510,218.
	12	Investments - other securities. See Part IV, line 11	18,543,743.	12	20,190,141.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,865,275.	15	4,398,882.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	59,158,654.	16	64,314,224.
Liabilities	17	Accounts payable and accrued expenses	2,118,415.	17	2,571,730.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	22,965,906.	25	24,086,046.
	26	Total liabilities. Add lines 17 through 25	25,084,321.	26	26,657,776.
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	33,351,719.	27	37,034,247.
	28	Temporarily restricted net assets	722,614.	28	622,201.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	34,074,333.	33	37,656,448.
	34	Total liabilities and net assets/fund balances	59,158,654.	34	64,314,224.

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Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ..... [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,767,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,334,912.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,567,519.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,074,333.
5	Net unrealized gains (losses) on investments	5	4,291,577.
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 O)	9	2,858,057.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,656,448.

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ..... [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: [ ] 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 compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: Boston Children's Heart Foundation, Inc.

Employer identification number: 04-2790699

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

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

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

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

3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

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

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

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

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

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

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

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

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

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

h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1250000.		900,000.		350,000.	2500000.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	46357497.	12437394.	45804606.	45216722.	40147962.	189964181
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	47607497.	12437394.	46704606.	45216722.	40497962.	192464181
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						192464181

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	47607497.	12437394.	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.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			485.	3,131.	-337.	3,279.
c Add lines 10a and 10b	1013577.	718,120.	236,297.	207,247.	215,134.	2390375.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	48621074.	13155514.	46940903.	45423969.	40713096.	194854556

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98.77 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1.23 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	.84 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒

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

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

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

Part III:

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

CISJ1S89MK

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 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: Boston Children's Heart Foundation, Inc.

Employer identification number: 04-2790699

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

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

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

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

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

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

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 conservation easements during the year ▶ $ ____

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $ ____

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	722,614.	1,313,292.	1,150,000.	1,150,000.	30,000.
b Contributions	350,000.		900,000.		1,250,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	450,413.	590,678.	736,708.		130,000.
f Administrative expenses					
g End of year balance	622,201.	722,614.	1,313,292.	1,150,000.	1,150,000.

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

a Board designated or quasi-endowment ▶ .00 %

b Permanent endowment ▶ .00 %

c Temporarily restricted endowment ▶ 100.00 %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		5,208.	3,907.	1,301.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,301.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Interest in the P.O.		
(B) Pooled Investment Fund	20,190,141.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	20,190,141.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) Due from Boston Children's Hospital	1,276,633.
(2) Due from Physicians' Organization	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, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Boston Children's Hospital	2,120,755.
(3) Accrued severance plan obligation	5,491,758.
(4) Accrued SERP	9,233,022.
(5) Accrued pension liability	2,938,867.
(6) Accrued professional liability	3,459,257.
(7) Deferred compensation plan	263,226.
(8) Due to Physicians' Organization	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.

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 ..... [X]

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Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements			1	48,367,440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	*Net unrealized gains on investments*	2a	4,291,577.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,308,470.		
e	Add lines 2a through 2d			2e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	40,767,393.

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

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, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	*Other (Describe in Part XIII.)*	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	44,334,912.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	44,334,912.

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

Part V, line 4: Assets limited to use represent assets held in trust that are available to pay for future benefits to participants for deferred compensation benefit plans and investments whose use has been restricted by donors to a specific time period or purpose.

Part XI, Line 2d - Other Adjustments:

Net assets released from restrictions	450,413.
Pension adjustment	2,858,057.

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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.

CISJ1S89MK

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: Boston Children's Heart Foundation, Inc.

Employer identification number: 04-2790699

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston Children's Hospital 300 Longwood Avenue Boston, MA 02115	04-2774441	501(c)(3)	911,340.	0.	N/A	N/A	Research

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

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

Schedule I (Form 990) (2012)

232101 12-18-12

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2: Monitoring is provided by Boston Children's Heart Foundation, Inc. (the Foundation) through oversight of the terms and conditions of a written grant agreement. Multiyear agreements require yearly progress and financial reports for continuation of funding. During the year ended September 30, 2013, the Foundation only provided grant donations to other 501(c)(3) organizations.

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SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: Boston Children's Heart Foundation, Inc.

Employer identification number: 04-2790699

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- [ ] First-class or charter travel
- [ ] Travel for companions
- [X] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (e.g., maid, chauffeur, chef)

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

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

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
- [ ] Independent compensation consultant
- [X] Form 990 of other organizations
- [ ] Written employment contract
- [X] Compensation survey or study
- [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? — **4a: Yes X**

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? — **4b: Yes X**

c Participate in, or receive payment from, an equity-based compensation arrangement? — **4c: No X**

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

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

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

a The organization? — **5a: No X**

b Any related organization? — **5b: No X**

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

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

a The organization? — **6a: No X**

b Any related organization? — **6b: No X**

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III — **8: No X**

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
(1) James E. Lock, MD	(i)	518,726.	5,000.	10,584.	150,361.	39,193.	723,864.	0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Tal Geva, MD	(i)	332,087.	5,000.	6,642.	107,543.	34,837.	486,109.	0.
Treasurer (3/13-9/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) David R. Fulton, MD	(i)	370,549.	5,000.	14,252.	129,825.	34,837.	554,463.	0.
Secretary	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Edward P. Walsh, MD	(i)	359,929.	5,000.	46,623.	113,860.	39,193.	564,605.	0.
Director (3/13-9/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Melvin Almodovar, MD	(i)	332,303.	5,000.	38,886.	42,962.	37,450.	456,601.	0.
Director (3/13-9/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Audrey C. Marshall, MD	(i)	301,283.	5,000.	36,086.	87,551.	39,193.	469,113.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) William T. Pu, MD	(i)	232,209.	5,000.	-4,550.	75,925.	34,837.	343,421.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Rahul Rathod, MD	(i)	156,780.	11,000.	34,165.	30,014.	34,507.	266,466.	0.
Director (3/13-9/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Michelle Gurvitz Wichman, MD	(i)	198,588.	5,000.	-2,134.	34,618.	34,819.	270,891.	0.
Director (3/13-9/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Steven D. Colan, MD	(i)	391,640.	5,000.	9,264.	127,738.	34,837.	568,479.	0.
Treasurer (10/12-3/13) & Dept. Chief	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Peter C. Laussen, MD	(i)	272,770.	0.	531,514.	109,202.	28,559.	942,045.	0.
Director (10/12-3/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) David Brown, MD	(i)	241,975.	5,000.	39,367.	41,936.	10,633.	338,911.	0.
Director (10/12-3/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Andrew J. Powell, MD	(i)	250,629.	5,000.	1,450.	79,282.	34,837.	371,198.	0.
Director (10/12-3/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Wayne Tworetzky, MD	(i)	234,829.	5,000.	3,450.	77,026.	34,837.	355,142.	0.
Director (10/12-3/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Jane Newburger, MD	(i)	424,170.	5,000.	9,264.	133,808.	34,837.	607,079.	0.
Dept. Chief	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Thomas J. Kulik, MD	(i)	332,509.	5,000.	29,558.	109,694.	37,450.	514,211.	0.
Dept. Chief	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
(17) Roger E. Breitbart, MD	(i)	279,535.	5,000.	6,642.	60,728.	34,837.	386,742.	0.
Dept. Chief	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Kathy J. Jenkins, MD	(i)	381,572.	85,000.	4,362.	104,995.	20,329.	596,258.	0.
Cardiologist	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Michael J. Landzberg, MD	(i)	321,151.	5,000.	43,150.	80,432.	39,193.	488,926.	0.
Cardiologist	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) Frank Cecchin, MD	(i)	330,105.	5,000.	2,942.	100,566.	39,193.	477,806.	0.
Cardiologist	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) John Kheir, MD	(i)	267,508.	5,000.	64,093.	34,309.	37,237.	408,147.	0.
Cardiologist	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) Peter Lang, MD	(i)	308,529.	5,000.	21,942.	73,770.	39,193.	448,434.	0.
Cardiologist	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a:

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;

Part III Supplemental Information

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

Edward P. Walsh, MD; Michael J. Landzberg, MD; John Kheir, MD; David Brown, 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 restated as of May 19, 2004. On June 30, 2005, the Foundation elected to freeze the severance benefit plan. The Foundation established this plan to supplement benefits available to certain employees, and to encourage such employees to remain in employment with the Foundation. Participation, benefit amounts, and other key provisions of this nonqualified benefit plan are determined at the sole discretion of the Foundation's Board of Directors. Although the assets of the plan have been irrevocably set aside for payment of deferred compensation benefits, they are subject first to the claims of the Foundation's creditors in the event the Foundation is subject to bankruptcy proceedings. The assets of the plan are reflected in the accompanying financial statements as assets limited as to use. The Foundation made a severance payment to the following individual during the year ended September 30, 2013: Peter C. Laussen, MD, $19,124.

Part III Supplemental Information

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

Part I, Line 4b:

The Foundation established a Supplemental Executive Retirement Plan (SERP), effective June 30, 2005, to reward licensed physician employees with a benefit based on service. All eligible employees will become participants on the date designated by the Foundation's Board of Directors. The SERP's sources of contributions are from employer discretionary amounts (if any), severance 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 E. 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.

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Part III Supplemental Information

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

Part I, Line 7:

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

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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

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Open To Public Inspection

Name of the organization: Boston Children's Heart Foundation, Inc.

Employer identification number: 04-2790699

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

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

Part II **Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Audrey C. Marsh	Director	Physicia		X	181,322.	143,748.		X	X		X	
Rahul Rathod, M	Director	Physicia		X	256,000.	226,139.		X	X		X	
Thomas J. Kulik	Departme	Physicia		X	100,000.	20,000.		X	X		X	
John Kheir, MD	Cardiolo	Physicia		X	100,000.	60,000.		X	X		X	
Michelle Gurvti	Director	Physicia		X	100,000.	80,000.		X	X		X	
Total					▶ $	529,887.						

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

See Part V for Continuations

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

Part V **Supplemental Information**

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

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

(a) Name of Person: Audrey C. Marshall, MD

(c) Purpose of Loan: Physician Recruitment

(a) Name of Person: Rahul Rathod, MD

(c) Purpose of Loan: Physician Recruitment

(a) Name of Person: Thomas J. Kulik, MD

(b) Relationship with Organization: Department Chief

(c) Purpose of Loan: Physician Recruitment

(a) Name of Person: John Kheir, MD

(b) Relationship with Organization: Cardiologist

(c) Purpose of Loan: Physician Recruitment

(a) Name of Person: Michelle Gurvtiz Wichman, MD

(c) Purpose of Loan: Physician Recruitment

Schedule L, Part II, Loans to and from Interested Persons:

Boston Children's Heart Foundation, Inc. (the Foundation) has provided

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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.

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: Boston Children's Heart Foundation, Inc.
Employer identification number: 04-2790699

Form 990, Part I, Line 1, Description of Organization Mission:
with heart diseases, medical research, and educational services to Boston Children's Hospital and Harvard Medical School. The Foundation also provides care for patients in need of cardiology services, regardless of their ability to pay, as well as providing community based services.

Form 990, Part III, Line 1, Description of Organization Mission:
of cardiology by teaching students and other medical and scientific personnel. The Foundation also provides care for patients regardless of their ability to pay.

Form 990, Part VI, Section A, line 1: A majority of Boston Children's Heart Foundation, Inc. (the Foundation) board members are physicians who are not independent from the Foundation. However, the Foundation is part of an integrated delivery system with Boston Children's Hospital (the Hospital) which does have a community board. The Foundation was organized in 1983. At that time, the board was composed entirely of physicians, a board structure that was approved by the Internal Revenue Service. The Foundation has since adjusted the board structure to make it more responsive to the Hospital by adding the Physicians' Organization at Children's Hospital Inc. (the PO) as a member. See Schedule O, Part VI, Questions 3, 6, 7b, and 12 for more details on the PO's rights.

Form 990, Part VI, Section A, line 3: The Physicians' Organization at Children's Hospital, Inc. (the PO) is a Class "C" member of Boston

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Name of the organization: Boston Children's Heart Foundation, Inc.

Employer identification number: 04-2790699

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

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

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

Name of the organization: Boston Children's Heart Foundation, Inc.
Employer identification number: 04-2790699

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

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

Form 990, Part VI, Section B, line 11: The detailed review will be conducted by the President of the Foundation, James E. Lock, MD; the administrator, 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

Name of the organization	Employer identification number
Boston Children's Heart Foundation, Inc.	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 has an affirmative obligation to disclose to the PO President, PO General Counsel, or his/her supervisor whenever he/she believes he/she has or may have a conflict of interest. Similarly, each person completing a disclosure statement has an affirmative obligation to update the statement any time circumstances change and/or he/she believes that a conflict of interest may exist. In the event a conflict of interest is found to exist, the Foundation prohibits the member from voting on any matter to which the conflict relates or otherwise influence the voting on such matter.

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

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 maintains all financial records, conflict of interest policies, and governing documents at its main office at 300 Longwood Avenue, Boston, MA 02115. The documents are available upon request.

Form 990, Part X, Column A:

The prior year column of the balance sheet on Form 990 was updated to agree to the audited financial statements, in which the prior year classifications were revised. The lines that were updated are: Line 4 was updated from $6,646,523 to $6,616,339; and Line 15 was 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.

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

Related Organizations and Unrelated Partnerships

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

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Name of the organization: Boston Children's Heart Foundation, Inc.

Employer identification number: 04-2790699

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

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

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

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

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

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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Part VII **Supplemental Information**

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