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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Intern	ai Revenue	Service	► Information at	oout Form 990 and its in	structions is	at www.i	z gov/tom990	0015	Inspection
<u> </u>	or the 2		ar year, or tax year beginnin	g OCT 1, 201	4 and	ending S	SÉP 30,	2015	
B c	heck if pplicable	C Name of	forganization				D Employe	r identifica	ition number
	Address change Name		Otolaryngologi	c Foundation	, Inc.		4	04 05	F10F0
\vdash	_change		usiness as					04-27	51258
<u> </u>	return Final		and street (or P.O. box if mail is		ess)	Room/suite	E Telephon		255 6462
<u> </u>	⊣return/ termin-		Longwood Avenue	· · · · · · · · · · · · · · · · · · ·				(617)	355-6463 28,469,91
	ated Amended		own, state or province, count on , MA 02115	ry, and ZIP or foreign pos	stal code		G Gross receip		
<u> </u>	∐return ∏Applica- tion	l Dosc	nd address of principal officer	Mighael T C	unninal	nam MI	H(a) is this a	a group reเเ ordinates?	um Yes Xi
	Jtion pending		as C above	michael b. c	ummigi	iiam, m	H(b) Are all sui		
1 1	ax-exem		X 501(c)(3) 501(c)() ◀ (insert no.)	4947(a)(1) c	or 527	If "No,"	attach a lis	st (see instructions)
JV	Vebsite:	▶ N/A					H(c) Group	exemption	number 🕨
K F	orm of or	ganization [.] L	X Corporation Trust	Association 0	ther 🟲	L Year	of formation: 1	.982 м	State of legal domicile:
Pa		ummary							
6	1 Br	efly describ	e the organization's mission of	or most significant activit	_{ies} The I	Founda	ation pr	covide	S
Juc	0	tolary	ngology service	es primarily	to pat:	ients	at (see	Sche	dule 0)
Activities & Governance	2 C	eck this bo	x If the organization	n discontinued its operat	ions or dispos	sed of mor	e than 25% of	its net ass	ets.
ŏ	3 NL	ımber of vot	ting members of the governin	g body (Part VI, line 1a)				3	
8 6	4 Nu	ımber of ınd	dependent voting members of	the governing body (Par	t VI, line 1b)			4	
es	5 To	tal number	of individuals employed in cal	lendar year 2014 (Part V,	line 2a)			5	
iviti	6 To	tal number	of volunteers (estimate if nec	essary)				6	
Act	1		d business revenue from Part					7a	3,50
	b Ne	t unrelated	business taxable income from	n Form 990-T, line 34			 	7b	2,09
						<u> </u>	Prior Yea		Current Year
ē	8 Co	ontributions	and grants (Part VIII, line 1h)	· · · · · · · · · · · · · · · · · · ·		<u> </u>		,000.	00 400 45
eur	9 Pr	ogram servi	ice revenue (Part VIII, line 2g)	min beili	٠.	<u> </u>	27,343		27,160,45
Revenue	10 In	vestment in	come (Part VIII, column (A), Iเร็	ies 3, 4, and 7d)	,	<u></u>	331	,938.	651,50
-	11 Ot	her revenue	e (Part VIII, column (A), lines	6d, 8c 9c; 10c, and 11c	e) `	<u> </u>	00 011	0.	00 01 0 0
			add lines 8 through 11 (mus		(A), line 12)		27,811		27,811,95
			milar amounts paid (Part IX), c		ļa	<u> </u>	2,238		104,48
			to or for members (Part IX, co		-	<u> </u>	10 144	0.1	10 050 25
nses			r compensation, employee be		(), lines 5-10)	<u> </u>	19,144	0.	19,850,35
ens			undraising fees (Part IX, colur			\ \			
Š			ing expenses (Part IX, column			0.	E 006	- COE	5,876,81
			es (Part IX, column (A), lines 1			<u> </u>	5,096		
	l	•	es Add lines 13-17 (must equi		9 25)	⊢	26,480		25,831,64
		evenue less	expenses Subtract line 18 fr	om line 12		- 	1,331		1,980,30
is or						<u> </u>	eginning of Cur 35,829		End of Year 37,845,92
t Assets nd Balanc	20 To		Part X, line 16)			⊢	10,454		11,688,33
Net A Fund	21 To		s (Part X, line 26)			-	$\frac{10,434}{25,374}$		26,157,59
			fund balances Subtract line	21 from line 20			23,314	, 471.1	20,137,33
		Signatur	I declare that I have examined the	n roturn unaluding association	nuna cobodulo	o and states	ments, and to the	hect of my	knowledge and belief
			e. Declaration of preparer /other/th						Knowledge and beller,
uue,	, correct, a	and complete	s. Deciaration of preparer podicifu	pai officer / is based off all ill	TOTTIALION OF WI	men prepart	i nas any know	8-14	+ - 1/
C:		Signatur	e of officer	5 /r			Date		<u> </u>
Sign	1.	-	nael J. Cumning	ham MD FACS	Pres	ident			
Her	e		print name and title	iqui, IID, IIICE	, IICB	140110	·		
_	- '			Preparer's signatu	re		Date	Check	PTIN
Paid			parer's name as E. Porto	richaigi a shallatu	٦/ ١		08/02/1		J I
	—		Baker, Newman	n, and Noyes,	LLC			or self-employed o's EIN ▶	01-0494526
		ırm's name			, שניני		- rim	I S EIIN	01 0474320
086	Only F	irm's address	s 280 Fore Str				DE-	no no / Q r	00) 244-744
			Portland, ME				Thuo	ne no. (O C	70 / 244-744 Yes X

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Form 990 (201,4)

Form	990 (2014) CHMC Otolaryngologic Foundation, Inc. 04-2751258 Page 2
Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
1	
	The Foundation provides otolaryngology services primarily to patients
	at Boston Children's Hospital and at satellite locations. The
	Foundation carries on and promotes basic and applied medical research
	and education in the field of otolaryngology by (see Schedule O)
2	Did the organization undertake any significant program services during the year which were not listed on
-	
	,
	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?
	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 \$ 24,684,215. including grants of \$ 104,481.) (Revenue \$ 26,993,157.)
	The Foundation provides otolaryngology services primarily to patients
	at Boston Children's Hospital and at satellite locations. The
	Foundation may charge for patient care, other medical services, and
	related products, provided that any net income is used exclusively for
	the charitable, scientific, and educational purposes for which the
	Foundation was created. The Foundation also provides care for patients
	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.
	unavariable of limited elsewhere in the community.
4b	(Code) (Expenses \$ 249,335 · including grants of \$) (Revenue \$
•••	The Foundation receives income from Boston Children's Hospital for
	providing administrative, supervision, and teaching services. The
	Foundation carries on and promotes basic and applied medical research
	and education in the field of otolaryngology by teaching students and
	other medical and scientific personnel; by providing, or supplementing
	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 otolaryngology
	in order to educate the general public and the medical profession.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
-10	(code
A-1	Other pregram conject (Describe in Schodule O.)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program sequence expenses \$ 24,933,550.
4.	Total program convice expenses • /4 Y 11 77U

Form 990 (2014)

•			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
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_		Х
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	-		-
J	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,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			l
	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			Ì
	Part VI	11a	Х	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			1
	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	^
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		
120	Schedule D, Parts XI and XII	12a	x	1
ь	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ь	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			<u></u>
	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 other assistance to or for any]	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	 	 ^
17	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	- ' '	\vdash	† <u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u>L</u>	

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23	x	
04-	Schedule J	23		
248	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			l
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	1	
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
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	ļ	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)			١,,
а		28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
0.4	contributions? If "Yes," complete Schedule M	30	-	<u>^</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
33	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	٠,	-	
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		1
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
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	<u>.</u>	
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	<u> </u>	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	<u></u>

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Pai				
	Check if Schedule O contains a response or note to any line in this Part V			┸
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		_		
ь	Enter the number of Forms w-2d included in line 1a. Enter-0-11 not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	١.	_v	l
	(gambling) winnings to prize winners?	1c	X	├
2 a	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 15	,		
	The same and the s	1	.	
þ	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)	l _		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country	1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			٠,,
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
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	l		,,
	any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	ļ	1
7	Organizations that may receive deductible contributions under section 170(c).			١,,
а	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?		1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	├ ─-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		۱,,
	to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
е	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		<u> ^</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	 	-
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. Did a donor advised fund maintained by the	l .	ļ	
	sponsoring organization have excess business holdings at any time during the year?	8	 	ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	┝	╄
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter:		ŀ	
а	Initiation fees and capital contributions included on Part VIII, line 12	-{		1
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter.			ļ
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)	ا		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	├	╁
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	┨		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10:	 	+
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	\vdash	+
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans	-	1	
	Enter the amount of reserves on hand	44-	\vdash	X
	Did the organization receive any payments for indoor tanning services during the tax year? If \$Vec * beautified a Form 730 to specify these payments? If "No * provide an explanation in Schedule O.	14a 14b	\vdash	+^
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		- 000	(2014

Form	990 (2014) CHMC Otolaryngologic Foundation, Inc.	04-2751	258	Pa	age 6		
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instru		"No" r				
	Check if Schedule O contains a response or note to any line in this Part VI				X		
Sec	tion A. Governing Body and Management						
				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7					
	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 0.						
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		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct su	pervision					
	of officers, directors, or trustees, or key employees to a management company or other person?		3	Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х		
6	Did the organization have members or stockholders?		6	Х			
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	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder	rs, or					
	persons other than the governing body?		7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	owing:		ا ۔۔ ا			
	The governing body?		8a 8b	X			
þ	b Each committee with authority to act on behalf of the governing body?						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	е			٠,,		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co						
	7	de.)		T	r		
		de.)		Yes	No		
	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No X		
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, af			Yes			
b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, af and branches to ensure their operations are consistent with the organization's exempt purposes?	filiates,	10b				
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Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

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State the name, address, and telephone number of the person who possesses the organization's books and records.

statements available to the public during the tax year.

Norman Dean - (617) 355-6463 300 Longwood Avenue, Boston, MA

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Form 990 (CHMC Otolaryngologic Foundation, Inc. 04-2751258	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
,	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line 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 no	(B)	<u> </u>			C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				1		Reportable	Reportable	Estimated
THE STATE OF THE S	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
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	(list any	ector		ŀ				the	organizations	compensation
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	related	ıstee	Truste		يو	Suad		(W-2/1099-MISC)		organization
	organizations below	ual tr	lonal		Se Se	T com				and related organizations
	line)	individual trustee or director	institutional trustee	Officer	ey er	Highest compensated employee	огле	·		Organizations
(1) Michael J. Cunningham, MD. FACS	55.00	=	=	P	Ť	Ξ.	4			
President	5.00	x		x				736,144.	0.	100,314
(2) Reza Rahbar, MD	60.00				┢		_			
Vice President		Х		X	ļ	1		1,038,939.	0.	101,495
(3) Norman Dean	5.00									
Treasurer	55.00	X		Х				0.	193,889.	0
(4) Roger C. Nuss, MD	60.00									
Director		X						758,370.	0.	91,226
(5) Jacob R. Brodsky, MD	60.00	ļ								
Director		X	<u> </u>			L.		715,367.	0.	94,880
(6) Howard Shane, MD, PhD	60.00	ļ						650 000	_	50 000
Director		X		ļ	L	<u> </u>	<u> </u>	659,823.	0.	72,080
(7) Mark S. Volk, MD	60.00	١					İ	601 000		00 100
Director	2 00	X	<u> </u>		ļ	┝	<u> </u>	621,800.	0.	93,132
(8) Physicians' Organization at CH,	2.00	ł	x					0.	0.	_
Institutional Trustee (9) Eelam Adil, MD	60.00	├-	1	⊢	⊢	├	 -	U •		0
Physician	80.00	ł			l	x		861,519.	0.	27,194
(10) Greg R. Licameli MD	60.00	\vdash	⊢	\vdash		ı.		001,515.	0.	27,13
Physician	1 00.00	┨				x		814,667.	0.	113,090
(11) Gi Soo Lee MD	60.00	\vdash	┢	╁─	\vdash	-	├-	014,007.	0.	113,030
Physician	- 00.00	1			1	x		727,606.	0.	93,102
(12) Kenneth R. Whittemore, MD	60.00	+-	\vdash	 	┢	 	 	121,000		30,1202
Physician	1000	1	l			x		703,445.	O.	108,139
(13) Trevor McGill	60.00		1		\vdash	 	 			
Physician		1			l	X		696,803.	0.	95,732
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CHMC Otolaryngologic Foundation, Inc.

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Form 990 (2014)

Total revenue Related or exchipter function revenue Business Code (2150) 2 a Patient service revenue (2170) 4 Rolated or exchipter from an under the start of t	Ра	•		Check if Schedule O cont		or note to any lin	ie in this Part VIII			
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2 a Patient service revenue 521500 25,717,631. 25,717,631.	ᅙᇗ		b	Membership dues	1b	·		ļ		
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Total, Add lines 2a-2f Total, Add lines 2a-2f Total, Add lines 11a-11d Total Add lines 11a-11d	Rev		d	Education and research	·	611710	167,293.	167,293.		
Total, Add lines 2a-2f Total, Add lines 2a-2f Total, Add lines 11a-11d Total Add lines 11a-11d	5		е					<u> </u>		
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalities (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 657, 965, c Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 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: direct expenses b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C C C C C C C C C C C C C C C C C	ъ.			, -	enue	<u> </u>				
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties (i) Real (ii) Personal (ii) Real (iii) Personal (iii) Real (iii) Personal (iii) Real Real (g				27,160,450.			
A Income from investment of tax exempt bond proceeds Royalties (i) Real (ii) Personal (ii) Real (ii) Personal (iii) Personal Personal Personal (iii) Personal P		3			dividends, inter	est, and	200 465		2 507	205 050
Second Part IV, line 18 Second Part IV, line 19 Second Part IV,				•		. 💆	309,465.		3,507.	305,958.
(i) Real (ii) Personal (iii) Personal Personal (iii) Personal (iii) Personal Personal (iii) Personal Pers					x-exempt bond	proceeds		_ · · ·		
6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 12 7, 811, 950, 27, 160, 450, 3, 507, 647, 993		5		Hoyarties	() D1	(A) D				
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b Less direct expenses 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 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 Total revenue. See instructions. b c 27,811,950. 27,160,450. 3,507. 647,993		9	а	Gross income from gaming ad	ctivities See					
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b Less cost of goods sold 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. 27,811,950. 27,160,450. 3,507. 647,993		10	а	Gross sales of inventory, less	returns					
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Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. Business Code			þ	Less cost of goods sold	t	·				
11 a b C C C D D D D D D D D D D D D D D D D			С	Net income or (loss) from sale	es of inventory					
b			_	Miscellaneous Revenu	ie	Business Code				
c d All other revenue e Total. Add lines 11a-11d		11	а							
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 27,811,950. 27,160,450. 3,507. 647,993			b							
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12 Total revenue. See instructions. 27,811,950. 27,160,450. 3,507. 647,993			_			L				
			е				0.000.000	07.152.172		
	43200		_	Total revenue. See instructions.	•		27,811,950.	27,160,450.	3,507.	<u> </u>

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 or note to any line in this Part IX (D) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 104,481 104,481 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5,056,026. 4,904,345. 151,681 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,412,494. 10,100,119. 312,375. 7 Other salaries and wages Pension plan accruals and contributions (include 822,208. 797,542. 24,666. section 401(k) and 403(b) employer contributions) 3,263,921. 3,166,003. 97,918. Other employee benefits 9 295,705. 286,834. 8,871. 10 Payroli taxes Fees for services (non-employees) a Management 32,972. 32,972. **b** Legal 2,100. 2,100. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 109,832. 109,832. f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, 44,784. 39,364. 44,784. column (A) amount, list line 11g expenses on Sch O.) 39,364. Advertising and promotion 12 985,797. 1,027,299. 41,502. Office expenses 13 Information technology 14 15 Royalties 657,531. 657,531 16 Occupancy Travel 17

for any rederal, state, or local public officials				
Conferences, conventions, and meetings	221,132.	221,132.		<u> </u>
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization	35,627.	35,627.		
Insurance	234,587.	202,555.	32,032.	
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 0.)				
Billing and collections	1,516,736.	1,516,736.		
Bad debt expense	969,759.	969,759		
PO Dues	591,061.	591,061.		
Professional relations	178,459.	178,459.		
All other expenses	215,569.	215,569.		
Total functional expenses. Add lines 1 through 24e	25,831,647.	24,933,550.	898,097.	0.
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.	1			

18

b

25 26

Payments of travel or entertainment expenses for any federal state, or local nublic officials.

if following SOP 98-2 (ASC 958-720)

Pai	t X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,221,872.	1	3,765,236.
	2	Savings and temporary cash investments		5,300,791.	2	4,858,362.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		2,708,706.	4	3,277,221.
	5	Loans and other receivables from current and form	ner officers, directors,			
		trustees, key employees, and highest compensate	ed employees. Complete			
		Part II of Schedule L		120,000.	5	180,000.
	6	Loans and other receivables from other disqualifie	d persons (as defined under			
		section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sectio	n 501(c)(9) voluntary			
ets.		employees' beneficiary organizations (see instr) C	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		87,500.	7	200,000.
•	8	Inventories for sale or use		150-594	8	105 161
	9	Prepaid expenses and deferred charges		458,571.	9	425,464.
	10a	Land, buildings, and equipment cost or other	005 000			
		· · · · · · · · · · · · · · · · · · ·	10a 897,000.	1.45 601		256 450
	b		10ы 520,550.	147,681.		376,450. 14,763,979.
	11	Investments - publicly traded securities		13,282,653.	11	14,763,979.
	12	Investments - other securities See Part IV, line 11		9,908,052.	12	9,421,670.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		502 607	14	
	15	Other assets. See Part IV, line 11		593,607.	15	577,541.
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	35,829,433.	16	37,845,923. 300,694.
	17	Accounts payable and accrued expenses		120,980. 1,890,319.	17	1,497,815.
	18	Grants payable	1	15,000.	18	13,832.
	19	Deferred revenue		15,000.	19	13,032.
	20	Tax-exempt bond liabilities	4 DV - 4 O - b b - 1 - D		20	
	21	Escrow or custodial account liability Complete Pa			21	
Liabilities	22	Loans and other payables to current and former o				
Ħ		key employees, highest compensated employees,	and disqualified persons.		22	
Lia	22	Complete Part II of Schedule L	ed there parties		23	<u> </u>
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated to	•		24	
	25	Other liabilities (including federal income tax, paya	· ·			
	23	parties, and other liabilities not included on lines 1				
		Schedule D	7 24) Complete Falt A Of	8,428,683.	25	9,875,990.
	26	Total liabilities. Add lines 17 through 25		10,454,982.	26	11,688,331.
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and			
Ś		complete lines 27 through 29, and lines 33 and				
2	27	Unrestricted net assets		23,773,458.	27	24,921,069.
ala	28	Temporarily restricted net assets		1,600,993.	28	1,236,523.
B	29	Permanently restricted net assets			29	_
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS	C 958), check here 🕨 🗔			
þ		and complete lines 30 through 34.	-			
ets	30	Capital stock or trust principal, or current funds			30	
\SS(31	Paid-in or capital surplus, or land, building, or equi	pment fund		31	
et /	32	Retained earnings, endowment, accumulated inco	ome, or other funds		32	
Ź	33	Total net assets or fund balances		25,374,451.	33	26,157,592.
	34	Total liabilities and net assets/fund balances		35,829,433.	34	37,845,923.

Form	990 (2014) CHMC Otolaryngologic Foundation, Inc.	04-	<u> 7/21</u>	<u> 258</u>	Pag	ge 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,81		
2	Total expenses (must equal Part IX, column (A), line 25)	2	25	,83	1,6	<u>47.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1	,98	0,3	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,37		
5	Net unrealized gains (losses) on investments	5	<u>-1</u>	,19	<u>7,1</u>	<u>62.</u>
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				<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	26	,15	7,5	<u>92.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
					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	0				•
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	d 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	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	•			
	consolidated basis, or both					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	ı		77	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			Ì		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt	_		.
	Act and OMB Circular A-133?			3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Form	990	(2014)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Nan	ne of t	the organization		•				_			identification number
		,	CHMC	Otolaryng	ologic	Found	<u>ation</u>	, Inc	•		4-2751258
Pa	irt l	Reason for	Public (Charity Status (All organization	ons must co	omplete th	ıs part) Se	e instructions	•	
The	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box)										
1	\vdash	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	Щ	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	Ш	A medical research	ch organiz	ation operated in co	njunction wit	h a hospita	described	ın sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state.									
5	LJ	•	•	or the benefit of a co	llege or unive	ersity owne	d or operat	ted by a go	overnmental u	nıt describ	ped in
		section 170(b)(1									
6	\vdash	A federal, state, c	or local go	vernment or governr	nental unit de	escribed in	section 17	70(b)(1)(A)	(v).		
7	Ш	An organization the	hat norma	lly receives a substa	intial part of r	ts support	from a gov	ernmental	unit or from the	ne general	public described in
		section 170(b)(1)	(A)(vi). (C	omplete Part II)							
8		A community trus	t describe	ed in section 170(b)	(1)(A)(vi). (Co	mplete Par	t II)				
9	X	An organization the	hat norma	lly receives (1) more	than 33 1/39	% of its sur	port from	contribution	ons, members	hip fees, a	and gross receipts from
		activities related t	to its exen	npt functions - subje	ct to certain e	exceptions	and (2) no	more tha	n 33 1/3% of	ts suppor	t from gross investment
					(less section	511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(
10	H	-	•	and operated exclus	•	•	•				_
11		•	•	•	-		•		· •	•	e purposes of one or
			•	ganizations describe							Sheck the box in
		¬ ~		describes the type of		•		•		-	
а	·			anization operated, s	•		•	-			
		• •	-	on(s) the power to re	•		a majority (or the aire	ctors or truste	es or the s	supporting
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b	,	• • • • • • • • • • • • • • • • • • • •		anization supervised of the supporting org					•		-
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٠			-	n(s) (see instructions		•				y intograti	ou willi,
c		–	-	y integrated. A supp	•	-				ted organi	ization(s)
Ĭ				egrated. The organi		•				-	
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e	, [–		anization received a						II. Type III	
			•	r Type III non-functio					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , , ,	
f	Ente	er the number of su	-		, 3						
ç				n about the supporte	ed organization	on(s)					<u> </u>
	((i) Name of supported	1	(iı) EIN	(iii) Type of o	-	(IV) is the o		(v) Amount of	monetary	(vi) Amount of
		organization			(described of above or IR			n your document?	support		other support (see
					(see instru		Yes	No	Instructi	ons)	Instructions)
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Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	rt II Support Schedule for						
	(Complete only if you checked				on failed to qualify	under Part III If th	e organization
_	fails to qualify under the tests	listed below, plea	ase complete Part	111)			_
	ction A. Public Support			T	·		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	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				ļ		
5	The portion of total contributions			†			
	by each person (other than a		1			ŀ	
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11.		1	1			
	column (f)						
_6	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>	<u> </u>		
Sec	ction B. Total Support		Ţ	,	_	·	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4				<u> </u>		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						Ì
_	and income from similar sources				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the	I					
10	business is regularly carried on Other income. Do not include gain				 		
10	or loss from the sale of capital	I	}				
	assets (Explain in Part VI)	I					
11	Total support. Add lines 7 through 10		1	-			
	Gross receipts from related activities,	etc. (see instruct	IONS)	I	<u>.L</u>	12	<u> </u>
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	ax vear as a section	L	
	organization, check this box and stop	•	oo., oooo,	,	,	00 ((0)(0)	ightharpoons
Se	ction C. Computation of Publ		ercentage			- .	
14	Public support percentage for 2014 (I	ine 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Par	t II, line 14	• • • • • • • • • • • • • • • • • • • •		15	%
16a	33 1/3% support test - 2014. If the c	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies	as a publicly sup	ported organization	n			▶□
t	b 33 1/3% support test - 2013. 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 qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop	here. Explain in Pa	rt VI how the orga	nization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

b 10% -facts-and-circumstances test - 2013. 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 VI how the

(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

Sac	tion A. Public Support	lelow, please comp	olete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2010	(h) 2011	(~) 2012	(4) 2012	(a) 2014	(f) Total	
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants")		17,000.	318 000	136,000.		471,000.	
_	* *		17,000.	310,000.	130,000.		471,000.	
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	24025649.	13827651.	24353728.	27343903.	27160450.	116711381	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-						_	
	ization'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	24025649.	13844651.	24671728.	27479903.	27160450.	117182381	
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons		İ				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						0	
	amount on line 13 for the year		ļ				0.	
C	Add lines 7a and 7b						11710000	
8	Public support (Subtractline 7c from line 6)	<u> </u>	<u></u>		<u> </u>		117182381	
	Section B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2010 24025649.	(b) 2011	(c) 2012 24671728	(d) 2013	(e) 2014	(f) Total 117182381	
	Amounts from line 6 Gross income from interest,	24023043.	13044031.	24071720.	Z/1/0000	271001301	117101301	
102	dividends, payments received on securities loans, rents, royalties and income from similar sources	97,779.	82,177.	185,887.	241,029.	305,958.	912,830.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	97,779.	82,177.	185,887.	241,029.	305,958.	912,830.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is		204	450	1 000	2 505	5 220	
	regularly carried on		384.	-479.	1,908.	3,507.	5,320.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)					05150015	440400504	
	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thu	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organı	zation,	
_	check this box and stop here						▶└┈	
<u>Se</u>	ction C. Computation of Pub	lic Support Pe	rcentage					
15	Public support percentage for 2014	(line 8, column (f) d	livided by line 13,	column (f))		15	99.22 %	
	16 Public support percentage from 2013 Schedule A, Part III, line 15							
Se	ction D. Computation of Inve	stment Incom	e Percentage			, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,		
17	Investment income percentage for 2	014 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	.77 %	
18	8 Investment income percentage from 2013 Schedule A, Part III, line 17							
19a	19a 33 1/3% support tests - 2014. 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					17 is not		
t	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 - 2013. 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	and the state of t							

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I. complete Sections A and D. and complete Part V.)

Section A. All Su	pporting (Organizations
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	tion A. All Supporting Organizations		Yes	No
4	Are all of the exacutation's cusported exacutations listed by name in the exacutation's accoming		res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part VI how the supported organizations are designated. If designated by			İ
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>		
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		ŀ
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	l	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	ļ	
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	ļ	1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		ļ
ъa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		ŀ	į
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	1	1
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	50	 	
•	designated in the organization's organizing document?	5b	1	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		ŀ	
	Part VI.	6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial		1	
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		ł	1
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	<u> </u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990)	8	 	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		ł	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	00		
L	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	9a		-
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1	!
_	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	90	\vdash	\vdash
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.	9c	1	1
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)		 	1
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		1

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (g) above? c A 35% controlled entity of a person described in (g) or (b) above? c A 35% controlled entity of a person described in (g) or (b) above? c A 35% controlled entity of a person described in (g) or (b) above? 1 Do the directors, fusitions, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization or organizations and all all times during the tax year? If "No." describe not the power to regularly appoint or elect at least a majority of the organization organizations and all all times during the tax year? If "No." describe how the powers to signal and/or remove directions or installed and organizations and all all times during the tax year? Define organization operate for the berrifici of any applied to such powers during the tax year. 2 Do the organization operate for the berrifici of any applied to such powers during the tax year. 2 Do the organization operate for the berrifici of any applied to such powers during the tax year. 3 Despensed, or controlled the supporting organizations. 2 Despensed, or controlled the supporting organizations. 1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations or directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the organization organization and averaged organizations and the supported organizations or tax year. 1 Were any office the organization organization and according to the power organization organization and according organizations and power organizations and according organizations and according to the org	Sche	dule A (Form 990 or 990-EZ) 2014 CHMC Otolaryngologic Foundation, Inc. 04-27	<u>5125</u>	<u>8</u> Ра	ige 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person without directly on indexectly controls, either ables or together with persons described in (b) and (c) below, the governing body of a supported organization? A ASW controlled entity of a person described in (a) or (b) above? A SW controlled entity of a person described in (a) or (b) above? A SW controlled entity of a person described in (a) or (b) above? Did the directors, insiteus, or membership of one or more supported organizations have the power to regularly appoint or elect at least a mijority of the organizations of erectors or trustees at all times during the tax year? If 'No,' describe in part y,' how the supported organizations fave the power to controlled the organization and what conditions or restinctions,' and, supplied to supported organization, describe how the power to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the power to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the power to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the power to appoint and/or remove directors or trustees were allocated among the supported organization of the than the supported organization (s) that operated, suppervised, or controlled the supported organization of the than the supported organization (s) that operated, suppervised, or controlled the supported organization (s) that operated, suppervised, or controlled the supported organization (s) that operated, suppervised, or controlled the supported organization (s) that operated, suppervised, or controlled the supported organizations (s) that organization is a properties organization (s) if 'No,' describe in Part V, how control or managed the supported organization (s) the supported organization (s) the supported organization (s) the organization is trusteed in the supported organ	Pai	t IV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organizations b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? f Yes *to a, b, or c, provide detail in part M. 11b C Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "M." describe in part y, how the supported organization (self-cive) apported, supported, or controlled the organization's activities. If the organization directors or trustees at all times during the tax year. 2 Did the organization operated for the benefit of any supported organization other than the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operated, supervised, or controlled the supported organization other than the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organizations or trustees of each of the supporting Organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supported organization's power directors or trustees of each of the supported organization's power directors or trustees of each of the supported organization's power directors or trustees of each of the supported organization's power directors or trustees of each of the supported organization's power directors or trustees of each of the supported organization's power directo		,		Yes	No
below, the governing body of a supported organization? A family member of a person described in (a) or (b) above? A 35% controlled entity of a person described in (a) or (b) above?! A 35% controlled entity of a person described in (a) or (b) above?! A 35% controlled entity of a person described in (a) or (b) above?! D dit the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No." describe in Part V, how the supported organizations directors or trustees at all times during the tax year? If "No." describe in Part V, how the supported organization of controlled for deriganizations and what conditions or restrictions. Any applied to such power during the tax year D be the organization operate for the benefit of any supported organization of the than the supported organization (s) that operated, supported organization of year to the properson of the supported organization of year to the properson of the supported organization of year to the properson of the supported organization of year to the properson of the supported organization of year to the properson of the supported organization of year to the properson of the supported organization of year to the properson of year to	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (g) a top) above?! 2 A 58% controlled entry of a prison described in (g) (g) (b) above?!! 3 Postion B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If No. describe he pay, I now the supported organizations directors or trustees at all times during the tax year and the powers to appoint or electrol and trustees at all times damped or controlled the organization? activities If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization. A pay to the powers organization operated is supervised, or controlled the supporting organization operated in the supported organization? If Yes, explain in part it has one providing such benefit camed out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organizations 3 Section C. Type III Supporting Organizations 4 Were a magenty of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organizat	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	İ		1
b A family member of a person described in (g) a top) above?! 2 A 58% controlled entry of a prison described in (g) (g) (b) above?!! 3 Postion B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If No. describe he pay, I now the supported organizations directors or trustees at all times during the tax year and the powers to appoint or electrol and trustees at all times damped or controlled the organization? activities If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization. A pay to the powers organization operated is supervised, or controlled the supporting organization operated in the supported organization? If Yes, explain in part it has one providing such benefit camed out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organizations 3 Section C. Type III Supporting Organizations 4 Were a magenty of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organization's power and organizat		below, the governing body of a supported organization?	11a		1
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pert VI. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pert VI, how the supported organization(s) effectively operated, supervised, or controlled the organization securities. If the organization securities is the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year organization operate for the benefit of any supported organization of the "Thes," eviden in Pert VI how providing such benefit carmed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2. Section C. Type II Supporting Organizations 1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Pert VI, how control or management of the supported organization organization was vested in the same persons that controlled or managed the supported organization or supported organizations is the supported organization. 1. Did the organization provide to each of its supported organizations, by the last day of the lifth month of the organization's as year, (1) a virition inclica discribing the type and amount of support provided during the privation organization's and privation and provided organization's as a supported organization's and privation and privation organization's apported organization's as a significant voce in the organization was reserved to organization's as upported organiz	ъ				
1 Did the directors, fusitees, or membership of one or more supported organizations have the power to requirely appoint of elect at least a majority of the organization's directors or trustees at all times during the tax year //1 "No," describe in Part y hin white supported organization's directors or trustees at all times during the tax year //1 "No," describe in Part y hin white supported organization," describe how the powers to appoint and/or amone directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2. Did the organization of the the heritor of the benefit of any supported organization of the threat the supported organization (s) that operated, supervised, or controlled the supporting organization of the supporting organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization of supported organizations of the supported organizations of the supported organizations of the supported organizations of supported organizations of supported organizations of support provided during the prior tax year. (2) a copy of the Form 990 that was most receively field as of the date of notification, and (3) copies of the organization or sincers, derectors, or trustees estine (4) apported organization organization manitareal a close and continuous working relationships with the supported organization (3					
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1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in P _{RM} y ₁ how the supported organization's effectively operated, supervised, or controlled the organization's activities if the organization has more than one supported organization, describe how the powers to appoint and/or member decrition or trustees were eliocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2. Did the organization operated, supervised, or controlled the supporting organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization of the proposes of the supported organizations). 1 Were a majority of the organization's supported organizations? If "No," describe in P _{RM} y how control or management of the supporting organizations. 1 Were a majority of the organization's supported organization(s)? If "No," describe in P _{RM} y how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization results of the supporting organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization results of the companization or support provided during the prior tax, year, (2) a copy of the Form 990 that was most recently field as of the date of notification, and (3) copies of the organization solitors, directions, or trustees either (4) appointed organization(s). 2 Were any of the organization subject of the date of notification, to the extent not previously provided? 2 Were any of the organization was respected or				Vac	No
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Sche	dule A (Form 990 or 990-EZ) 2014 CHMC Otolaryngologic Fo	<u>undat</u>	ion, Inc. (04-2751258 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5_		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		,	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		<u> </u>
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Charle have if the assument seems the association's first on a pen functional	ly intograt	ed Type III supporting or	ranization (coo

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	dule A (Form 990 or 990-EZ) 2014 CHMC OCOLARYII	(a)(a) Communication Communication	cion, inc. U	4-2/31258 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u></u>	
4_	Amounts paid to acquire exempt-use assets	 		
	Qualified set-aside amounts (prior IRS approval required)			
<u>-6</u>	Other distributions (describe in Part VI) See instructions		<u>. </u>	
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(1)	(ri)	(iii)
Secti	on E - Distribution Allocations (see ınstructions)	(ii) Underdistributions Pre-2014	Distributable Amount for 2014	
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
ь				
С				
đ		<u>.</u>		
е	From 2013			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
<u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
_с	Remainder. Subtract lines 4a and 4b from 4		·	
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j	,		
	and 4c	,		
8	Breakdown of line 7.			
a				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014		<u> </u>	<u> </u>

Part VI Supplemer Also complete	ntal Informate this part for any	t ion. Pro	vide the ex	kplanatio	ns require	d by Part II, line 1	0, Part	II, line	e 17a or 17b, and Pa	art III, line 12
Part III:										
The Foundation	n changed	l its	year	end	from	February	28	to	September	30
starting on Se	eptember	30,	2012.							.,
				·· ·						
										· · · · · · · · · · · · · · · · · · ·
							••			
	-									
								,		
•			,							
				•						
										
			· · · ·							
									 	· · · · ·
										
			<u> </u>							·
										<u> </u>
		•				<u></u>			<u>. </u>	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization CHMC Otolaryngologic Foundation, 04-2751258 Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

-	dule D (Form 990) 2014 CHMC Ott III Organizations Maintaining C	olaryngolo				04-27			ge 2
3	'Using the organization's acquisition, access								
-	(check all that apply)	,	,,,,		3				
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's control of the organization of the organiz	ollections and explai	n how they further t	he organization's	exempt pu	irpose in Pai	t XIII		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other sir	nılar asset	s	_		
	to be sold to raise funds rather than to be m						Yes		No
Pai	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, custod	an or other intermed	liary for contribution	ns or other assets	not includ	ed			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
							Amount		
С	Beginning balance				10	С			
d	Additions during the year				10	d			
е	Distributions during the year				10	е			
f	Ending balance				1	<u>f </u>			
	Did the organization include an amount on F				-	<u></u>	」Yes		No
	If "Yes," explain the arrangement in Part XIII							Щ	
Pai	t V Endowment Funds. Complete						1		
	D	(a) Current year	(b) Prior year	(c) Two years bac	+-	ee years back	(e) Four	•	
1a	Beginning of year balance	1,600,993.	1,559,914.	1,494,49 318,00		<u> </u>	<u> </u>	921,0	,,,,
	Contributions	-	136,000.	318,00	<u> </u>	17,000.	 -	_	—
	Net investment earnings, gains, and losses								
	Grants or scholarships			1			-		—
e	Other expenditures for facilities	364,470.	94,921.	252,57	6	68,589.	1	375,0	000
f	and programs Administrative expenses	301,170.	34,341.	232,37	" 			3,3,0	
g	End of year balance	1,236,523.	1,600,993.	1,559,91	4. 1	1,494,490.	1	546,0	079.
2	Provide the estimated percentage of the cur					, ,	<u></u>	,	
a	Board designated or quasi-endowment	.00	%	2), 110.0 0.5					
	Permanent endowment ▶ .00	%	- ~						
	Temporarily restricted endowment ▶ 10								
	The percentages in lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posse	•	ation that are held a	ind administered f	or the orga	anization			
	by				_		ſ	Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(II)		X
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		· 1						
	Description of property	(a) Cost or o	- (-,	l ,) Accumu		(d) Book	value	
		basis (investr	nent) basis	(other)	depreciat	ion			
	Land								
	Buildings			5 076	10	250	226		· -
	Leasehold improvements			3,502.		250. 110.		82	
	Equipment			8,422.		190.	143	39	32.
	Other	aval Form 000, D= 4			, 30	130.	276	45	
iota	. Add lines 1a through 1e. (Column (d) must e	yuai Form 990, Part	∧, column (B), line 1	100)		Cabada			
						Schedule	rorm) טיי	99U)	4U 14

Schedule D (Form 990) 2014 CHMC Otolary	yngologic Fou	ndation Tr	nc. 04.	-2751258 Page 3
Part VII Investments - Other Securities.	yngologic rou	ndacion, ii	10. 04	Z/JIZJO Page 3
* Complete if the organization answered "Yes" t	to Form 990, Part IV, line	11b. See Form 990, P	art X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) P.O. Pooled Investment	0 103 688			
(B) Fund, LLC	9,421,670.	End-of-Ye	ear Market	Value
(C)	<u> </u>			
(D)		<u></u>		
(E)			_	.
(F)				· · · · · · · · · · · · · · · · · · ·
(G) (H)		- · · · · · · · · · · · · · · · · ·		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,421,670.		-	
Part VIII Investments - Program Related.	2 / 111 / 0 / 0 /	<u> </u>		
Complete if the organization answered "Yes" i	to Form 990. Part IV. line	11c See Form 990. P	art X. line 13	
(a) Description of investment	(b) Book value			l-of-year market value
(1)			•	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		<u> </u>		
Complete if the organization answered "Yes"	to Form 990 Part IV line	11d See Form 990 F	Part Y line 15	
	Description	110 366 1 0111 330,1	art X, iii le 13	(b) Book value
(1)				
(2)	····			
(3)				
(4)				
(5)				
(6)	·	_		
(7)				
(8)				
(9)	· · _ · ·			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities.	t- F 000 D-+ W I	11 114 C F	000 Dad V line 05	
Complete if the organization answered "Yes" (a) Description of liability	,	(b) Book value	990, Part X, line 25	
(1) Federal income taxes		(D) Dook value		
(2) Due to Boston Children's	Hospital	2,483,324.		
(3) Due to Physicians' Organi		472,782.		
(4) Accrued bonuses		1,123,503.		
(5) Deferred compensation obl	igations	3,181,633.		
(6) After tax plan obligation		2,110,558.		
(7) Accrued professional liab	ility	504,190.		
(8)				

9,875,990.

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

^{2.} Liability for uncertain tax positions. 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

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 CHMC Otolaryngologic Found		04-2751258 Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1					
1	Total revenue, gains, and other support per audited financial statements		1 26,614,788.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses) on investments	2a -1,197,162	.				
b	Donated services and use of facilities	2b	」				
С	Recovenes of prior year grants	2c	」				
đ	Other (Describe in Part XIII)	2d	-				
е	Add lines 2a through 2d		2e -1,197,162.				
3	Subtract line 2e from line 1		3 27,811,950.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1]				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-				
b	Other (Describe in Part XIII)	4b	-				
-	Add lines 4a and 4b		4c 0.				
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	Wat F	5 27,811,950.				
Pa	Reconciliation of Expenses per Audited Financial Stater		r Return.				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1	1 125 021 647				
1	Total expenses and losses per audited financial statements		1 25,831,647.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1					
a	Donated services and use of facilities	2a	⊣				
þ	Prior year adjustments	2b	-				
C	Other losses	2c	-				
d	Other (Describe in Part XIII.)	2d	┥. │				
e	Add lines 2a through 2d		2e 0. 3 25,831,647.				
3	Subtract line 2e from line 1		3 25,831,647.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1	1 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-				
b	Other (Describe in Part XIII)	4b	4c 0.				
	Add lines 4a and 4b		4c 0. 5 25,831,647.				
Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information.		5 25,031,047.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pai	rt IV lines 1b and 2b Part V line	A: Part V. June 2: Part VI				
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad		54, Fait A, IIII e 2, Fait AI,				
111163	20 and 4b, and Fart XII, lines 20 and 4b. Also complete this part to provide any ad	ditional information					
			· · · · · · · · · · · · · · · · · · ·				
Par	rt V, line 4:						
			· · · · · · · · · · · · · · · · · · ·				
The	e endowment funds represent assets that a	re held in trust	that are				
		· · · · · · · · · · · · · · · · · · ·					
ter	mporarily restricted by the donor to be us	sed for recruitme	ent to advance				
							
c1 :	inical research activities and quality imp	provement initiat	tives.				
		-					
Pa	rt X, Line 2:						
The	Foundation is a tax-exempt corporation a	as described in S	Section				
50	(c)(3) of the Internal Revenue Code (the	Code), and is ex	xempt from				
fe	deral income taxes on related income pursu	uant to Section !	501(a) of the				
Co	de. In addition, the Foundation qualifies	for the charital	ble				
CO	ntribution deduction under Section 170(b)	(1)(A), and has 1	been classified				
as	an organization that is not a private for	undation under Se	ection				
43205 10-01	4	·	Schedule D (Form 990) 2014				

Schedule D (Form 990) 2014 CHMC Otolaryngologic Foundation, Inc. 04-2751258 Page 5 Part XIII Supplemental Information (continued)
· · · · · · · · · · · · · · · · · · ·
509(a)(2). Tax-exempt organizations could be required to record an
obligation for income taxes as the result of a tax position they have
historically taken on various tax exposure items including unrelated
business income or tax status. The Foundation has evaluated the positions
taken on its filed tax returns. The Foundation has concluded that no
uncertain income tax positions exist at September 30, 2015. The
Foundation's tax years from 2012 through 2015 are potentially subject to
examination.
•

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

OMB No 1545-0047

Open to Public Inspection

Employer identification number 04-27512581 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection CHMC Otolaryngologic Foundation, Inc. General Information on Grants and Assistance Part I

X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States cntena used to award the grants or assistance?

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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	5.000 Part II can	be duplicated if additic	onal space is need	led			•	
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)	65,000.	0	0.N/A	N/A	General Support	
Global Tracheostomy Quality Improvement Collaborative - 2306 Anderson Drive - Raleigh, NC 27608	80-0894460	501(c)(3)	10,000.	0	0.N/A	N/A	General Support	
American College of Surgeons 633 N Saint Clair Street Chicago, IL 60611	30-0305504	501(c)(3)	10,000.	o	0. N/A	N/A	General Support	

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

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Page 2

04 - 2751258

Schedule I (Form 990) (2014) CHMC Otolaryngologic Foundation, Inc.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Pert V Supplemental Information. Provide the information required in Part Line 2. Part III, column [6], and any other additional information.
Part, line 2, Part III, column (b), and any other additiona yngologic Foundation, Inc. (trerms and conditions of a writeguire yearly progress and buring the year ended Septembant donations to other 501(c)
Part! line 2, Part III, column (b), and any other additiona yngologic Foundation, Inc. (terms and conditions of a writequire yearly progress and During the year ended Septembant donations to other 501(c)
Part, line 2, Part III, column (b), and any other additiona yngologic Foundation, Inc. (terms and conditions of a writeguire yearly progress and During the year ended Septembant donations to other 501(c)
require yearly progress and buring the year ended Septembant donations to other 501(c)
yngologic Foundation, Inc. (terms and conditions of a wrirequire yearly progress and During the year ended Septembant donations to other 501(c)
yngologic Foundation, Inc. (tterms and conditions of a wrirequire yearly progress and During the year ended Septembant donations to other 501(c)
terms and conditions of a wrirequire yearly progress and During the year ended Septembant donations to other 501(c)
require yearly progress and During the year ended Septemb ant donations to other 501(c)
<pre>J. During the year ended September grant donations to other 501(c)(3)</pre>
grant donations to other

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

Open to Public

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

CHMC Otolaryngologic Foundation,

04-2751258

Pa	art I Questions Regarding Compensation			
			Yes	No
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 Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, 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	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		۱	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	├ ─
				1
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			
	Compensation committee Written employment contract			1
	Independent compensation consultant X Compensation survey or study		ļ	
	Form 990 of other organizations Approval by the board or compensation committee			
_	D. III. Library and Interior Con Dart VIII. Continue A land to with respect to the filing			1
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	4a		Х
	Receive a severance payment or change-of-control payment?	4b	Х	 -
b		4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	-~		
	11 Tes to any or lines 44-0, list the persons and provide the applicable amounts for each terminal artific			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1	
а		5a		X
b	Any related organization?	5b		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		1	1.
а	The organization?	6a		X
b	Any related organization?	6b	<u> </u>	Х
	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	X	ļ
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	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ļ		1
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 CHMC Otolaryngologic Foundation, Inc. 04-2751258

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.

		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0)·(D)	in column (B) reported as deferred in prior Form 990
(1) Michael J. Cunningham, MD, PACS (1)	3	650,000.	3,500.	82,644.	0	100,314.	836,458.	0
President	: ፪		0	0	0		0.	0.
(2) Reza Rahbar, MD	Ξ	585,000		444,939.	0	101,495.	1,140,434.	0
Vice President	<u> </u>		0	0	0	0	0.	0.
(3) Norman Dean	Ξ	0		0	0	0		0
Treasurer	: ≘	193,	0		0	0.	88'86	0.
(4) Roger C. Nuss, MD	Ξ	520,000.	9,100.	229,27	0	91,226.	849,596.	0
Director	Ξ		ı		0	ı		0
(5) Jacob R. Brodsky, MD	Ξ	350,00	94,700.	270,66	0	94,880.	810,247.	0
Director	≘				0			0.
(6) Howard Shane, MD, PhD	Ξ	400,00	139,765.	120,058.	0	72,080.	731,903.	0.
Director	Ξ				0.			0.
(7) Mark S. Volk, MD	Ξ	450,000.	62,961.	108,839.	0.	93,132.	714,932.	0.
Director	Ξ				0.			0
(8) Eelam Adil, MD	Ξ	225,00	219,700.	416,819.	0.	27,194.	888,713.	0.
Physician	(ii)		0		0.			0.
(9) Greg R. Licameli, MD	Ξ	520,00	9,100.	285,567.	• 0	113,090.	927,757.	0.
Physician	Ξ		0		0.			0.
(10) Gi Soo Lee, MD	Ξ	435,000.	9,700.	282,906.	• 0	93,102.	820,708.	0.
Physician	<u> </u>		0		0.			0
(11) Kenneth R. Whittemore, MD	Ξ	200,000	29,100.	174,345.	0.	108,139.	811,584.	0
Physician	<u>(ii)</u>	L			0.			0.
(12) Trevor McGill	Ξ	250,000.	23,500.	123,303.	0.	95,732.	792,535.	0.
Physician	(II)	0.	0 •	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2014

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 CHMC Otolaryngologic Foundation, Inc. (the Foundation) provides Health Club included as taxable income on the employees' W-2. The following employees Dues to certain employees of the Foundation. The amounts reimbursed were Michael J. Cunningham, MD, FACS: \$1,720 Howard Shane, MD, PhD: \$3,154 Greg R. Licameli, MD: \$440 received Health Club Dues: Trevor McGill, MD: \$2,616 Roger C. Nuss, MD: \$4,993 Reza Rahbar, MD: \$5,000 Part I, Line la:

Part I, Line 4b:

Kenneth R. Whittemore, MD: \$4,320

CHMC Otolaryngologic Foundation, Inc. (the Foundation) established two

Supplemental Executive Retirement Plans, effective as of December 1, 2007,

to reward licensed physician employees with a benefit based on service. The

sources of contributions for these plans are from employer discretionary

Part III Supplemental Information

Schedule J (Form 990) 2014

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

The amounts any, severance benefits, and elective deferrals. amounts, if

are vested on the occurrence of any of the following events: five years of

employment; attainment of normal retirement date; death; disability;

2015, the liability owed to the plan September 30, of change in control. As

participants are:

\$151,912 Licameli, MD: 굕 Greg Line 7: H, Part

oŧ Bonus compensation amounts are determined by the Chief of the Department Otolaryngology, all board members, and Finance Committee members. They need

to consider data such as performance for physician cost centers, their

financial reports, research activities, hospital program for Patient Safety

and teaching activities Quality participation,

Schedule J (Form 990) 2014

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

Department of the Treasury Internal Revenue Service

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public

Schedule L (Form 990 or 990-EZ) 2014

Inspection Employer identification number Name of the organization

		laryngolo								7512	58		
Part I Excess Bend	efit Transac	tions (section 50)1(c)(3), sect	ion 501(c)	(4), and 50)1(c)(29) organiza	tions on	y).		-		
Complete if the	organization ar	swered "Yes" on I	Form 9	990, Pa	art IV, line	25a or 25l	o, or Form 990-E2	, Part V,	line 4	0b			
1 (a) Name of disqualified	(b	Relationship betw			lified		c) Description of t	rancacti	on		(d)	Corre	cted?
(a) Name of disqualified	person	person and or	ganıza	ation		, (c	Description of t	ransacu	UI 1		Ye	es	No
													
<u> </u>													
											—		
2 Enter the amount of tax section 49583 Enter the amount of tax	·	•	•				ring the year und	er	▶ \$ ▶ \$				
Part II Loans to an	d/or From I	nterested Per	cone										
							E	00					
•	•	swered "Yes" on I			, Part V, Iir	ne 38a or i	Form 990, Part IV	, line 26	, or it ti	ne orga	ınızatı	on	
(a) Name of	(b) Relationsh	90, Part X, line 5, 6		an to or	(a) O:	riginal	(f) Balance due	1 (6	g) in	(h) Ap	proved ard or	ωw	ritten
interested person	with organization			n the zation?		amount	(i) Dalance du		fault?	by bo	ard or	agree	ment?
			To	From				Yes	No	Yes	No	Yes	No
Jacob R. Brodsl	Directo	rPhysicia		X	100	,000.	60,000		X	X		X	
		aPhysicia		X	100	,000.	20,000	7.	X	X		Х	
Eelam Adil, MD	Physici	aPhysicia		X	100	,000.	100,000) .	X	X		Х	
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^{[otal} Part III Grants or A	esistance R	enefiting Inter	reste	d Pe	rsons	<u>▶</u> \$	180,000	<i>y</i> •		Ь—		L	-
		nswered "Yes" on				27							
(a) Name of interested						mount of	(d) Ty	pe of	$\overline{}$	le	e) Purp	ose o	f
(a) Name of interested	person	(b) Relationship interested pers the organiza	son an			istance		tance			assist		•
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See Part V for Continuations

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

Schedule L (Form 990 or 990-EZ) 2014 CHMC Otolaryngologic Foundation, Inc. 04-2751258 Page 2 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of organization's (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of person and the organization transaction transaction revenues? Yes No Part V Supplemental Information 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: Jacob R. Brodsky, MD (c) Purpose of Loan: Physician Recruitment (a) Name of Person: Gi Soo Lee, MD (b) Relationship with Organization: Physician (c) Purpose of Loan: Physician Recruitment (a) Name of Person: Eelam Adil, MD (b) Relationship with Organization: Physician (c) Purpose of Loan: Physician Recruitment Schedule L, Part II, Loans To and From Interested Persons: CHMC Otolaryngologic Foundation, Inc. (the Foundation) has provided several secured and unsecured loans to employees. The loans bear interest at rates ranging from interest free to 1.01%. 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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) CHMC Otolaryngologic Foundation, Inc. 04-2751258 Page 2
Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
be forgiven over the terms of the notes if the recipients remain
employed at the Foundation or its affiliates. The amount of the loan
forgiveness will be included with accrued interest, if applicable, as
compensation in the year forgiven.

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number CHMC Otolaryngologic Foundation, Inc. 04-2751258

Form 990, Part I, Line 1, Description of Organization Mission: Boston Children's Hospital and at satellite locations. The Foundation also provides care for patients regardless of their ability to pay, as well as providing and subsidizing hospital and community based services that are either unavailable or limited elsewhere in the community. Form 990, Part III, Line 1, Description of Organization Mission: teaching students and other medical and scientific personnel. The Foundation also provides care for patients regardless of their ability to pay. Form 990, Part VI, Section A, line 1: The majority of the CHMC Otolaryngologic Foundation, Inc.'s (the Foundation's) board members are physicians who are not independent from the Foundation. However, the Foundation is part of an integrated delivery system with Boston Children's Hospital (the Hospital) which does have a community board. The Foundation was organized in 1982. At the time, the board was composed entirely of physicians, a board structure that was approved by the Internal Revenue Service. The Foundation has since adjusted the board structure by adding the Physicians' Organization at Children's Hospital, Inc. (the PO) as a member. See Schedule O, Part VI, Questions 3, 6, 7b, and 12 for more on the PO's rights. Form 990, Part VI, Section A, line 3: The Physicians' Organization at Children's Hospital, Inc. (the PO) is a

Foundation). The PO is responsible for providing management services to the Foundation. The PO has the power to approve the independent auditor and legal counsel of the Foundation from a 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, Boston Children's Hospital has the right to review for compliance with applicable law, the general terms of and any modifications to physician compensation and benefit plans for all physician employees of the Foundation.

Form 990, Part VI, Section A, line 6:

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

Form 990, Part VI, Section A, line 7a:

According to the Articles of Organization, the Class "A" member is the

Chief of the Department of Otolaryngology (the Department) of Boston

Children's Hospital (the Hospital). Any other member of the Department who holds a professional staff appointment in otolaryngology at the Hospital,

has a full-time faculty appointment from Harvard Medical School, and who is geographically full-time at the Hospital shall be a Class "B" member. Class

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

CHMC Otolaryngologic Foundation, Inc.

Employer identification number 04-2751258

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

Form 990, Part VI, Section A, line 7b:

The Physicians' Organization at Children's Hospital Inc. (the PO) is a Class "C" member of the CHMC Otolaryngologic Foundation, Inc. (the Foundation). The PO is responsible for providing management services to the Foundation. The PO has the power to approve the independent auditor and legal counsel of the Foundation from a list of firms mutually agreed to by the PO and the Foundation. The PO has the right to review, but not to approve, the annual operating budget and all capital budgets of the Foundation. Lastly, Boston Children's Hospital has the right to review for compliance with applicable laws, the general terms of and any modifications to physician compensation and benefit plans for all physician employees of the Foundation. As a Class "C" member of the Foundation, the PO attends the Foundation's annual meeting.

Form 990, Part VI, Section B, line 11:

The detailed review will be conducted by the President of the Foundation,
Michael J. Cunningham, MD, FACS, and the Treasurer, Norman Dean. A copy of
the Form 990 will be provided to the Board prior to filing. The detailed
review will be conducted before filing the return with the Internal Revenue
Service.

Name of the organization
CHMC Otolaryngologic Foundation, Inc.

Employer identification number 04-2751258

The Physicians' Organization at Children's Hospital, Inc. (the PO) and Boston Children's Hospital (the Hospital) administer an annual conflict of interest disclosure process to all of their 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 audit committee shall determine those individuals (including medical staff members) who shall be required to complete the disclosure statement. The audit committee, at its discretion, may either: 1) refer any or all disclosure statements to the Board of Directors; 2) appoint an ad hoc committee to review and resolve any conflict of interest issues; or 3) review and resolve any conflict of interest issues personally or through a designee(s). Any person not receiving a disclosure statement has an affirmative obligation to disclose to the PO President, PO General Counsel, or his/her supervisor whenever he/she believes he/she has or may have a conflict of interest. Similarly, each person completing a disclosure statement has an affirmative obligation to update the statement any time circumstances change and/or he/she believes that a conflict of interest may exist. In the event a conflict of interest is found to exist, the Foundation prohibits the member from voting on any matter to which the conflict relates or otherwise influence the voting on such matter.

Form 990, Part VI, Section B, Line 15:

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

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization CHMC Otolaryngologic Foundation, Inc.	Employer identification number 04-2751258
Board of Trustees to ensure that total direct and indirec	t compensation
does not exceed the pre-determined guidelines of Harvard.	Any new indirect
benefit plan requires approval by the CHMC Otolaryngologi	c Foundation,
Inc.'s (the Foundation's) Board of Directors, which then	must be reviewed
and permitted by the Hospital. Major procedures of the ap	proval 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 was f	ollowed for the
year ended September 30, 2015.	
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 3	00 Longwood
Avenue, Boston, MA 02115. The documents are available upo	n request.
Form 990, Part XII, Line 2c:	
The audit process has not been changed from the prior year	r

SCHEDULE R

Related Organizations and Unrelated Partnerships

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number 04-2751258<u>e</u> Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. € Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ► Attach to Form 990. CHMC Otolaryngologic Foundation, Inc. ê Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) ž × × entity? Yes Direct controlling entity ε A/A status (if section 501(c)(3)) Public charity ine 11c, e ine 3 III-FI Exempt Code section 501(c)(3) 501(c)(3) ਉ Legal domicile (state or foreign country) Massachusetts Massachusetts <u>છ</u> Primary activity Management services Hospital Hospital, Inc. - 04-3266103, 300 Longwood Boston Children's Hospital - 04-2774441 Physicians' Organization at Children's Name, address, and EIN of related organization Avenue, Boston, MA 02115 300 Longwood Avenue Boston, MA 02115 Part II

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

Schedule R (Form 990) 2014

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Page 2

04-2751258

Schedule R (Form 990) 2014 CHMC Otolaryngologic Foundation, Inc.

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

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₹,	General or Percentage managing ownership partner?												re related	Ξ
9	Seneral or nanaging partner?	YesNo		 -	 	 			-	<u> </u>		\dashv	e or mo	Ē
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ε	Code V-UBI amount in box	K-1 (Form											because rt	(6)
(F)	Disproportionate allocations?	Ŷ	_		 			_				╝	line 34	
_	Dispro	Yes			 	 -			_		 	4	art IV,	(t)
(6)	Share of end-of-year	222013											Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or frust during the tax year.	
	otal						 						ı "Yes"	(e)
(£)	Share of total income												swered	_
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	elated,	2-514)											ırganıza	Ð
e	Predominant income (related, unrelated, excluded from tax under	lions 51										į	if the c	
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	trolling /												rust Co	
ਉ	Direct controlling entity												on or Ti	
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ပ	Legal domicile (state or	country)											Identification of Related Organizations Taxable as a Corporatio organizations treated as a corporation or trust during the tax year.	
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9	Primary activity												or trus	
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	EIN tion												Relate	(e)
-	Name, address, and EIN of related organization												ation o	
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	Name of re												<u> </u>	
													Part IV	

(a)	(q)	(0)	(p)	(e)	(t)	(6)	(F)	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type (C Co	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
				_				
	,							_
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432162 08-14-14						Sche	Schedule R (Form 990) 2014	990) 2014

Schedule R (Form 990) 2014 CHMC Otolaryngologic Foundation, Inc.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1. Dinne the tax year did the parameters engage in any of the following transactions with one or more related organizations listed in Parts II.IV?	s with one or more r	elated organizations listed	n Parts II.IV?	Yes No
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity	,	n.		ta X
b Giff, 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)	1			1d X
e Loans or loan guarantees by related organization(s)				Te X
f Dividends from related organization(s)				×
a Sale of assets to related organization(s)				
			,	
j Lease of facilities, equipment, or other assets to related organization(s)				1; X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			T X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n X
o Sharing of paid employees with related organization(s)				40 X
a Daimhi mamant and to rolated arrangeation(s) for augment				×
Promination from the following of the fo				╀
				╄
r Other transfer of cash or property to related organization(s)				+ X
s Other transfer of cash or property from related organization(s)	j			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	who must complete the	nis line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(2)				
(3)		ļ		
(4)				
(9)				
432163 08-14-14			Schedule	Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 CHMC Otolaryngologic Foundation, Inc.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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	tructions regarding exclu	sion for certain inve	estment partnerships						
(a)	(q)	9				E	€ ;	9	3
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	Predominant income parmers sec (related, unrelated, 501(c)3)	Share of total	Share of end-of-year	Dispropor- tionate	Dispropor- Code V-UBI General or Percentage tonate amount in box 20 menaging ownership allocations?	Seneral or menaging partner?	Percentage ownership
		country)	sections 512-514) Yes No	o	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2014

Schedule R	(Form 990) 2014	CHMC	Otolaryngologic	Foundation,	Inc	<u>04-2751258</u>	Page 5
Part VII	(Form 990) 2014 Supplemental Info	rmation					
	Provide additional inform	ation for re	sponses to questions on Sched	ule R (see instructions)		<u></u>	
	 			 		 	
							
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Schedule R (Form 990) 2014