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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Children's Hospital Corporation

Doing business as
Boston Children's Hospital

Number and street (or P O box if mail is not delivered to street address) | Room/suite
300 Longwood Avenue

City or town, state or province, country, and ZIP or foreign postal code
Boston, MA 02115

D Employer identification number
04-2774441

E Telephone number
(617) 355-6881

G Gross receipts $ 1,843,060,186

F Name and address of principal officer
Sandra Fenwick
300 Longwood Avenue
Boston, MA 02115

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www childrenshospital org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provider of pediatric healthcare, education, research & community service

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	11,876
6	Total number of volunteers (estimate if necessary)	**6**	1,247
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	262,601
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-30,622

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	330,383,668	307,902,601
9	Program service revenue (Part VIII, line 2g)	1,108,053,862	1,160,382,586
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,411,708	51,068,726
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,683,570	49,709,566
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,514,532,808	1,569,063,479
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,021,598	3,167,654
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	720,660,180	761,806,877
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,144,084	763,376
b	Total fundraising expenses (Part IX, column (D), line 25) ▶26,488,468		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	677,630,794	695,548,036
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,403,456,656	1,461,285,943
19	Revenue less expenses Subtract line 18 from line 12	111,076,152	107,777,536

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	4,453,644,764	4,627,706,004
21	Total liabilities (Part X, line 26)	1,373,599,722	1,509,202,253
22	Net assets or fund balances Subtract line 21 from line 20	3,080,045,042	3,118,503,751

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2016-08-10 Date

▶ Douglas Vanderslice Treasurer & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00743154

Firm's name ▶ Ernst & Young LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 200 Clarendon Street
Boston, MA 021165072 — Phone no (617) 266-2000

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

Part 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

Boston Children's Hospital (BCH) is the nation's premier pediatric hospital We serve as the community hospital for the children of Boston, provide specialty pediatric care throughout the region, and offer access to innovative, life saving care to children across the world facing challenging medical issues BCH's vision is to advance pediatric care - both in our local neighborhoods and worldwide - through a commitment to innovation and science-based care All of our activities are driven by four interwoven missions providing access to safe, high quality, compassionate and innovative clinical care to children, especially to those with complex medical conditions and rare diseases, researching new cures and treatments for diseases and methods of care delivery, training the next generation of pediatric caregivers, and improving the health and well being of children, with a special emphasis on helping the children of Boston grow and learn in safe, healthy environments

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 917,575,086 including grants of $ 3,167,654) (Revenue $ 1,142,995,145)

CLINICAL CARE As one of the largest pediatric hospitals in the U S and the only freestanding pediatric hospital in Massachusetts, Boston Children's provides access to safe, high quality health care services that meet the unique needs of our patients and their families, regardless of their ability to pay The services we offer - from well child visits and treatment for typical child health issues (broken bones, tonsillitis, etc) to chronic care (asthma, diabetes, obesity, etc) and specialty services (oncology, cardiology, neurology) - benefit from our clinicians' high level of specialization, our collaboration with research scientists (many of whom are also physicians) affiliated with the hospital, and our significant investments in equipment, facilities and clinical and support staff Our team has a deep commitment to setting the bar for quality and safety and exceeding the expectations of our patients and their families for service, undertaking significant investments in each of these areas On an annual basis, Boston Children's sees 23,548 bedded cases at our main campus, 792 bedded cases at our satellites and 557,121 combined outpatients at main campus and satellites, 30,036 patients in our community health clinic Of the bedded cases, more than 23 6% (CMI > 2 00) can be qualified as clinically complex Of these patients, approximately 34 5% (patients on Medicaid/Medicare) are considered low income Boston Children's is the safety net institution for very sick children throughout the region, supporting the entire health care system for the most complex pediatric cases We receive referrals from community hospitals as well as from other academic medical centers throughout New England Boston Children's is the single largest provider of care to children enrolled in the Medicaid program, caring for approximately 30% of all pediatric Medicaid patients statewide, including many of the sickest children in the state Boston Children's also provides clinical care for the largest number of uninsured children in the state, total free care and losses from Medicaid in FY2015 were approximately $63 3 million Recognizing the difficulties that community-based hospitals face in providing specialized pediatric care (which requires significant investments in staff, equipment and training), Boston Children's has formed partnerships with 5 community hospitals throughout eastern Massachusetts, including Beverly Hospital, Winchester Hospital and South Shore Hospital With approximately 100 physicians serving those community hospitals, we enhance the community's-and the state's-ability to provide access to emergency, neonatal, inpatient and outpatient specialty services for children Boston Children's also operates satellite facilities in Lexington, Peabody and Waltham where we offer specialized care in cardiology, gastroenterology, neurology, respiratory diseases, diabetes, orthopedic surgery, urology and other specialties In addition, our physicians offer outpatient services at our Physician Office Locations in Brockton, Milford, Norwood and Weymouth In 2015, Boston Children's Physician's Office in North Dartmouth became a dedicated satellite facility Each year, Boston Children's improves the quality of the clinical care it provides by recruiting talented staff, investing in cutting-edge equipment and technology, undertaking safety and quality initiatives, supporting community health programs and ensuring that our facilities make the care process easier and more comfortable for all the patients and families we serve For example Focus on Quality In 2015, Boston Children's Hospital's Center for Patient Safety and Quality Research (CPSQR) undertook several initiatives aimed at Quality Improvement across the hospital In addition to awarding 15 research grants, totaling more than $220,000, CPSQR hosted two Service Excellence Teaching sessions, which promoted the use of service excellence to health care settings Each session drew over 100 attendees To coincide with Patient Safety Awareness Week, CPSQR hosted an annual forum in March where Principal Investigators (PIs) presented the results of their projects funded through the Program for Patient Safety and Quality (PPSQ) grants program This event is traditionally attended by a large number of clinical and non-clinical staff from the hospital, in 2015, nearly 80 people attended A PPSQ grant-funded research project has resulted in the development of new quality and safety measures for nursing care 10 of those measures are now being tested across a national consortium and are prepared for NQF endorsement In that same time, CPSQR has devoted resources to supporting trainees and scholars, including academic mentoring and scientific support for HMS/CRICO fellows in PSQ, 6 student interns and trainees, and 3 visiting scholars CPSQR continued its support for the PSQ Scholars Program, initiated in 2014 to provide focused support resources for Boston Children's Hospital faculty with established success in the domains of the patient safety and quality CPSQR supported Elliot Melendez, MD (Critical Care), Erinn Rhodes, MD, MPH (Endocrinology), and Michael Glotzbecker, MD (Orthopedics) In total, CPSQR staff supported 81 projects, produced 22 publications, and participated in 8 national presentations One project, "Optimization of the Clinical Decision Support System for Major-Contraindicated Drug-Drug Interactions at Boston Children's Hospital" (PI Kate Humphrey, MD, MPH, CRICO-funded), received over 900 hours in Project Management and statistical support Among the outcomes are 3 poster presentations, 2 submissions, and 2 manuscripts in preparation CPSQR provided over 1,000 hours of project management support to the CHIPRA Demonstration grant (funded by the CMS) 4 measures of quality of care coordination of pediatric behavioral health services were tested through chart review, 1 manuscript is currently under review A 2014 study supported by CPSQR on safe sleep practices in the Neonatal Intensive Care Unit (NICU) setting among preterm infants led to the development of safe sleep practices for infants These practices, which can be put to use at home following a hospital discharge, have been shown to reduce the risk of sleep-related morbidity and mortality In 2014, half of level III NICUs in Massachusetts adopted these practices In 2015, that figure grew to 90% Level II NICUs are currently in the process of adopting the same practices In 2015, PPSQ continued to serve the needs of physicians claiming Maintenance of Certification (MOC) quality improvement credit through a revised, rigorous MOC process Additionally, PPSQ took further steps towards the hospital's increased focus on transparency, both internally and externally The new Quality and Patient Safety webpages were launched on the external website in early 2015, and additional pages, including the hospital's performance on Solutions for Patient Safety measures, were drafted to be published in mid-2016 Finally, the program created an internal Quality and Performance Improvement Dashboard to be launched hospital-wide in January 2016 Encourage Innovation The Innovation Acceleration Program (IAP) at Boston Children's Hospital promotes innovation at the grassroots level by creating opportunities for hospital staff to develop, test, build and refine solutions that are unique and effectively address real pediatric clinical pain points This has targeting specific groups within the hospital who historically have not thought of themselves as potential innovators, including nurses The IAP offers "innovestment" grants of up to $15,000 and Fast Track Innovation in Technology (FIT) project awards, both of which are open to all hospital staff Instead of funding, FIT project awards offer software development resources, including the support of a team of experienced software developers, for innovative clinical software projects The FIT team rapidly creates "proof of concept" software that can be piloted inside Boston Children's Hospital The software is refined and can then be adapted for use throughout the institution or distributed to external organizations for their use In 2015, the IAP named four FIT project award recipients, including a tool that allows nurses to consult with each other on medication remotely Before administering certain medications, nurses are required to have a second nurse verify, or double check, the medicine and dosage If a free nurse is available, the process can be completed in a few minutes More often than not however, it takes considerably longer, as the nurse administering the medication has to track down and possibly wait for another nurse to become available Remote Nurse Witness Supporting Medication Administration, or RNSAFE, is a FIT-supported project that allows nurses to request a double check through a patient's EMR to a remote nurse Once the request has been submitted, the remote nurse can use a video c

4b (Code) (Expenses $ 342,841,000 including grants of $ 0) (Revenue $ 0)

RESEARCH Boston Children's is dedicated to enhancing the wellbeing of children and families by leading research and innovation around child health issues, and by seeking new approaches to the prevention, diagnosis and treatment of childhood and adult diseases With over $238 million in annual funding and 800,000 square feet of space, Boston Children's is home to the world's largest and most active research enterprise at a pediatric center Boston Children's research mission encompasses basic research, clinical research, community service programs and the postdoctoral training of new scientists While the National Institutes of Health is our largest sponsor, Boston Children's has made a significant investment of more than $29 million towards supporting its research activities in 2015 Our investigators hold numerous prestigious honors and awards, including many "research firsts " In our laboratories and clinics, hundreds of scientists seek to identify the factors that contribute to both childhood and adult diseases and to develop effective treatments for them Our investigators are Harvard Medical School faculty-basic scientists, clinical researchers and epidemiologists-who are accelerating the pace of medical discovery from brainstorm to bench to bedside Our researchers were the first to develop 10 new disease-based stem cell lines by reprogramming adult stem cells that can be used to study treatments for diseases ranging from Parkinson's to Diabetes Clinicians and researchers at Boston Children's work with colleagues throughout the medical community to translate basic science research into applications for clinical care These projects frequently have applications that go beyond pediatrics to impact adult care as well For example Fixing holes in the heart without invasive surgery Clinicians at Boston Children's Hospital have developed a device for repairing holes in the heart that doesn't require invasive surgery Currently, when it comes to repairing holes or wounds inside the body, clinicians need to create a second large hole in order to access the affected areas for suturing The new device eliminates the need for this process, and instead uses an ultraviolet-light-enabled catheter to patch holes with a biodegradable, light-activated adhesive The catheter is snaked into the body through a vein and into the hole in the heart, where the catheter is used to deploy a patch to cover the opening Two balloon-like chambers, positioned on either side of the opening, are then inflated to keep the patch The clinician activates the catheter's UV light, which reflects off the balloon's interior and causes the patch to harden and form a tight seal with the surrounding body tissue The entire procedure can be accomplished in minutes And because the patch is biodegradable, it will dissolve as the tissue heals, leaving no foreign material in the body In the future, the device may prove useful for repairing other problems including stomach ulcers and abdominal hernias The device is the result of collaboration between Boston Children's Hospital, Brigham and Women's Hospital, Harvard University's School of Engineering and Applied Sciences and the Wyss Institute for Biologically Inspired Engineering Repairing ACLs with sponges There are more than 150,000 Anterior Cruciate Ligament (ACL) tears in the country every year Long associated with adults, ACL tears are increasingly recognized as a major problem for young athletes, especially young girls The conventional treatment for ACLs tears involves surgery to remove the torn ligament and replace it with a graft from a tendon The graft is often taken from another part of the patient's leg, leaving patients to slowly recover from two injuries over the course of many months Unlike other parts of the body, the ACL is unable to heal itself Following 10 years of research, a Boston Children's Hospital surgeon discovered why, the same fluid that keeps the knee lubricated also prevents blood clots from forming, making it impossible for the body to create a bridge between the torn tissue This insight led to the development of a new surgical procedure that involves inserting a sponge to serve as a bridge between the two ends of the torn ACL and flushing it with the patient's blood The sponge gives blood clots something to cling to while holding the pieces of ligament together long enough for tissue to grow back Because this method does not require a graft, the surgery is less invasive and the recovery time is considerably shorter Making red blood cells Research by a Boston Children's physician has discovered a way of producing red blood cells at greater volumes than current methods allow The breakthrough involves performing genetic surgery on a specific gene inside blood stem cells that has been shown to inhibit red blood cell production By targeting and shutting off this specific gene, the researcher was able to triple the amount of red blood cells produced compared to a control group of stem cells that were allowed to mature naturally This breakthrough has a number of potential uses beyond generating more blood cells for medical care It could pave the way for creating the same effect in other cell types including muscle and nerve cells destroyed by disease The breakthrough might also provide a new way of delivering medications directly to cells Using blood cells to deliver medication will allow patients to receive the intended effect without provoking the immune response other delivery systems do

4c (Code) (Expenses $ 30,904,262 including grants of $ 0) (Revenue $ 17,387,441)

TEACHING Over the course of the year, 187 residents, 287 clinical fellows, 247 research fellows and more than 900 rotating residents/fellows come to Boston Children's from around the world More importantly, these men and women are selected for their potential leadership in their respective fields and their commitment to advancing the frontiers of pediatric care In fact, a 24-year analysis of residents who have graduated from our Department of Medicine found that about 40% go on to become leaders in academic medicine, filling positions such as deans, chairs and program heads across the country Over a third of the chiefs of pediatric departments across the country trained at Boston Children's We train individuals throughout all areas of the care continuum, including medical students, interns, residents, fellows, nursing students and community pediatricians We provide continuing professional education for all of our clinical staff Boston Children's offers the only training programs in Massachusetts for Adolescent Medicine, Medical Biochemical Genetics, Neurodevelopmental Disabilities, Pediatric Cardiology, Pediatric Hematology/Oncology, Pediatric Nephrology, Pediatric Orthopedics, Pediatric Pathology, Pediatric Surgery, Pediatric Sports Medicine, Pediatric Urology, Pediatric Transplant Hepatology and Congenital Cardiac Surgery Boston Children's offers the only training programs in New England for Adolescent Medicine, Medical Biochemical Genetics, Neurodevelopmental Disabilities, Pediatric Sports Medicine, Pediatric Urology, Pediatric Transplant Hepatology and Congenital Cardiac Surgery Boston Children's has the largest accredited training programs in the country for Pediatric Anesthesiology, Pediatric Cardiology, Pediatric Endocrinology and Pediatric Otolaryngology The hospital also has the largest accredited training program in Child Neurology in New England In addition, Boston Children's Pediatric Sports Medicine is one of only 28 accredited pediatric sports medicine programs in the country and Neurodevelopmental Disabilities is one of only 8 accredited neurodevelopmental disabilities programs in the country Congenital Cardiac Surgery is one of 12 in the country, Pediatric Transplant Hepatology is one of 7 in the country, and Medical Biochemical Genetics is one of 12 in the country Boston Children's Hospital is also home to one of only 7 Pediatrics/Anesthesia Combined Residencies in the country - and the only one in New England Our combined Pediatrics/Medical Genetics Combined Residencies is one of 16 in the country, and the only one in Massachusetts Our Clinical Informatics training program is one of only 3 pediatrics-based Clinical Informatics training programs in the country, and is the only such program in New England

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 7,889,295 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses ▶ 1,299,209,643

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**		No
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,744		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11,876		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	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		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	19		
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**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
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**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Doug Vanderslice

300 Longwood Avenue
Boston, MA 02115 (617) 355-7312

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								14,324,355	0	1,015,794

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,703

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Turner Construction Company Two Seaport Lane Boston, MA 02210	Construction Services	27,410,326
The Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	Healthcare/Research Services	11,893,123
Wise Construction 21 East Street Winchester, MA 01890	Construction Services	8,130,786
G Greene Construction Company 240 Lincoln Street Boston, MA 02134	Construction Services	7,965,510
Dana Farber Cancer Institute 450 Brookline Avenue Boston, MA 02215	Healthcare/Research Services	6,123,942

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 245

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	29,790				
	b Membership dues					
	c Fundraising events	4,127,258				
	d Related organizations					
	e Government grants (contributions)	179,742,822				
	f All other contributions, gifts, grants, and similar amounts not included above	124,002,731				
	g Noncash contributions included in lines 1a-1f $	24,527,130				
	h **Total.** Add lines 1a-1f		307,902,601			
Program Service Revenue		Business Code				
	2a Patient Svc Revenue	621110	1,081,526,503	1,081,526,503		
	b Prog Svc Grants	621110	42,050,859	42,050,859		
	c Prof Svc Revenue	621110	19,298,837	19,298,837		
	d Graduate Medical Educa	611710	17,387,441	17,387,441		
	e Lab Revenue	621500	118,946		118,946	
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		1,160,382,586			
	3 Investment income (including dividends, interest, and other similar amounts)		12,420,508		143,655	12,276,853
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		4,128,843			4,128,843
		(i) Real / (ii) Personal				
	6a Gross rents	16,525,446 /				
	b Less rental expenses	0 /				
	c Rental income or (loss)	16,525,446 /				
	d Net rental income or (loss)		16,525,446			16,525,446
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	310,800,259 / 473,864				
	b Less cost or other basis and sales expenses	272,625,905 / 0				
	c Gain or (loss)	38,174,354 / 473,864				
	d Net gain or (loss)		38,648,218			38,648,218
Other Revenue	8a Gross income from fundraising events (not including $ 4,127,258 of contributions reported on line 1c) See Part IV, line 18	a 2,198,423				
	b Less direct expenses	b 1,370,802				
	c Net income or (loss) from fundraising events		827,621			827,621
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Other General Services	900099	16,465,693			16,465,693
	b Parking Revenue	812930	7,057,500			7,057,500
	c Cafeteria Sales	722210	4,704,463			4,704,463
	d All other revenue					
	e **Total.** Add lines 11a–11d		28,227,656			
	12 **Total revenue.** See Instructions		1,569,063,479	1,160,263,640	262,601	100,634,637

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 . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,054,450	2,054,450		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,113,204	1,113,204		
3 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				
5 Compensation of current officers, directors, trustees, and key employees	9,909,460		9,909,460	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	605,997,006	524,974,018	68,067,165	12,955,823
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,049,405	26,362,665		686,740
9 Other employee benefits	65,559,583	64,148,617		1,410,966
10 Payroll taxes	53,291,423	51,938,440		1,352,983
11 Fees for services (non-employees)				
a Management	5,815,164	454,101	5,361,063	
b Legal	6,801,308	4,402,693	2,396,940	1,675
c Accounting	1,940,260	865,652	1,074,608	
d Lobbying	85,547	85,547		
e Professional fundraising services See Part IV, line 17	763,376			763,376
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	152,479,896	124,571,191	26,429,146	1,479,559
12 Advertising and promotion	5,488,956	4,043,071	1,445,885	
13 Office expenses	51,814,205	45,546,710	836,776	5,430,719
14 Information technology	32,559,032	16,435,628	15,627,217	496,187
15 Royalties				
16 Occupancy	86,645,630	85,518,004		1,127,626
17 Travel	6,401,702	5,198,647	1,122,093	80,962
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,395,775	1,803,144	509,583	83,048
20 Interest	34,228,036	34,228,036		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	107,471,965	106,853,161		618,804
23 Insurance	6,073,151	3,708,839	2,364,312	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Lab/Medical/Pharmacy	149,488,769	149,045,185	443,584	
b Uncollecible Accts	26,989,035	26,989,035		
c Free Care	10,299,871	10,299,871		
d Uncompensated Care	8,569,734	8,569,734		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,461,285,943	1,299,209,643	135,587,832	26,488,468
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		587,742	2	505,084
	3	Pledges and grants receivable, net		172,100,523	3	157,922,589
	4	Accounts receivable, net		192,000,421	4	231,244,764
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		13,728,854	8	16,588,298
	9	Prepaid expenses and deferred charges		10,154,497	9	13,128,143
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,368,175,888			
	b	Less accumulated depreciation	10b 1,401,233,694	940,604,364	10c	966,942,194
	11	Investments—publicly traded securities		253,454,098	11	182,642,140
	12	Investments—other securities See Part IV, line 11		914,420,948	12	951,816,876
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,956,593,317	15	2,106,915,916
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,453,644,764	16	4,627,706,004
Liabilities	17	Accounts payable and accrued expenses		201,859,451	17	225,546,269
	18	Grants payable			18	
	19	Deferred revenue		70,543,090	19	83,764,591
	20	Tax-exempt bond liabilities		869,580,978	20	868,836,859
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		231,616,203	25	331,054,534
	26	**Total liabilities.** Add lines 17 through 25		1,373,599,722	26	1,509,202,253
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,817,010,453	27	1,852,299,910
	28	Temporarily restricted net assets		589,977,483	28	565,670,759
	29	Permanently restricted net assets		673,057,106	29	700,533,082
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,080,045,042	33	3,118,503,751
	34	Total liabilities and net assets/fund balances		4,453,644,764	34	4,627,706,004

Part XI Reconcilliation 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	1,569,063,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,461,285,943
3	Revenue less expenses Subtract line 2 from line 1	3	107,777,536
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,080,045,042
5	Net unrealized gains (losses) on investments	5	-111,503,786
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	42,184,959
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,118,503,751

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 04-2774441
Name: Children's Hospital Corporation

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ including grants of $) (Revenue $)

Community More than 20 years ago, Boston Children's Hospital was among the first academic medical centers in the country to expand the traditional missions of patient care, teaching and research to embrace a fourth core mission-community Through the years, Boston Children's has strived to ensure that community health is more than just words in its mission statement The efforts have evolved from targeted services for individual families to innovative models that have proven to advance population health approaches, address health disparities and improve health outcomes for children Boston Children's community mission is based on the needs of the community It revolves around keeping children healthy through wellness and prevention efforts, ensuring that children have access to needed health care services and partnering with others to address non-health issues that have an impact on health such as an individual's exposure to violence or living in poverty In all its endeavors, Boston Children's focuses on meeting community needs and implementing programs that are aligned with the priorities of the City of Boston, the Boston Public Health Commission, the Boston Public Schools as well as other key partners and city agencies Understanding community needs To better understand current health needs in the community, Boston Children's conducts a comprehensive needs assessment every three years The findings inform the direction of Boston Children's community mission and the scope of its community health work It also helps to ensure that Boston Children's is utilizing resources and leveraging community partnerships in the most effective way The last assessment was completed in 2013 The assessment focused on children and families living in four priority neighborhoods in Boston-Roxbury, Mission Hill, Fenway and Jamaica Plain It had three goals 1) evaluate the current health status of children and families, 2) identify current health priorities as well as emerging health concerns and 3) understand strengths, resources and gaps in health and health care services Boston Children's reviewed current data on social, economic and health indicators in Boston Data also was available through the Boston Child Health Study, a survey conducted by the Boston Public Health Commission with support from Boston Children's The heart of Boston Children's assessment is direct internal and external feedback from community residents and stakeholders Five focus groups with community residents were held and interviews were conducted with providers, elected officials and staff from community-based organizations and health centers Key issues identified through the assessment process included obesity, asthma, mental and behavioral health, early childhood/child development and access to care concerns These needs and issues are addressed through Boston Children's clinical care, services and programs and in collaboration with community partners A formal and comprehensive needs assessment is only one part of Boston Children's approach to understanding the complex health needs and vital resources within the community Boston Children's is constantly listening and learning from patient families, community leaders and staff The staff rely on ongoing conversations with Boston Children's key partners-community health centers and community-based organizations, as well as the Boston Public Health Commission and the Boston Public Schools Through the Community Advisory Board, which meets on a quarterly basis, Boston Children's has a direct link to expertise on Boston neighborhoods, community organizations and current health needs Members of the Community Advisory Board are instrumental in providing feedback throughout the year and play a key role in the Boston Children's formal assessment process This feedback from experts, community leaders and partners as well as the Community Advisory Board informs the hospital's community mission, facilitates and strengthens the development of partnerships and helps to shape the implementation of the hospital's Community Health and Benefits Plan For more details on the needs assessment process and key findings, visit bostonchildrens org/community A copy of the Community Health and Benefits Plan with details on how Boston Children's is addressing the needs identified through the assessment is also available Boston Children's is now conducting its community health needs assessment for 2016 This process will be completed by the end of the year and results will be shared on the website when available Serving as a safety net Boston Children's remains committed to its local community, providing primary and preventative care, as well as inpatient care for complex illnesses It is one of the leading providers of health care to low-income and underinsured children in Massachusetts and it provides care unavailable elsewhere in the state and sometimes the nation Boston Children's also is a safety net provider for Boston children This safety net is financial in that the hospital provides free care, subsidizes care for Medicaid patients, and incurs bad debt for patient families who cannot pay for the care they receive It is programmatic in that Boston Children's offers vital, hospital-subsidized services that are either unavailable elsewhere or available only in a very limited capacity, such as mental health and dental care Being a community health leader Boston Children's has identified four priority health areas-asthma, obesity, mental health and child development-and developed a programmatic response to each Community programs are focused where Boston Children's has the clinical expertise, resources and partnerships to make a difference Boston Children's strategy for improving community health is to 1) address the most pressing health needs of children and families, 2) provide services through programs that can lead to improvements in health, or 3) build community capacity to better meet the needs of children and families Some of these programs are described briefly below - The Community Asthma Initiative (CAI) helped to improve the health of Boston children with asthma To date, CAI has served a total of 1,632 children with asthma CAI provides case-management services, offers home visits, educates caregivers and providers, distributes asthma control supplies and connects families to local resources The program has reduced the percentage of patients with any asthma-related hospitalizations by 80%, emergency department visits by 57%, missed schools days by 45% and missed work days for parents or caregivers by 53% - Boston Children's Hospital Neighborhood Partnerships Program (CHNP) is the hospital's community-based mental health program CHNP places clinicians in Boston schools and community health centers to provide a comprehensive array of mental health services to better meet the needs of children and adolescents Last year, more than 1,270 students received school-based services and 130 children received care in community health centers In addition, more than 390 school professionals in Massachusetts received training using a depression awareness curriculum - Fitness in the City (FIC) is a community-based approach to addressing obesity FIC supports 10 Boston community health centers to provide almost 1,000 children annually with case-management support, as well as access to nutrition and physical activity programs Almost 60% of children participating in FIC have reduced or maintained their Body Mass Index and have made behavioral changes such as reducing consumption of sugar sweetened beverages and increasing the amount of time being physically active - The Advocating Success for Kids Program (ASK) provides access to intensive and critically needed services for hundreds of children experiencing school-functioning problems and learning delays through Boston Children's primary care clinic and in three Boston community health centers Last year, 355 children were cared for by the ASK team, which also attended 74 school meetings to support families For more details on the community programs mentioned above visit, bostonchildrens org/community Supporting and working with community partners Boston Children's has relationships with an array of community partners who provide a voice for the families and neighborhoods they represent Boston Children's partners help to ensure that the hospital better understands the needs, uniqueness and strengths that lie within each community In addition, Boston Children's has three strategic partners-the Boston Public Schools, Boston Public Health Commission and community health centers Boston Public Schools Boston Children's and the Boston Public Schools (BPS) have worked together on a range of initiatives over the past several years Key highlights from our work in FY15 include - Continued implementation of the district-wide Behavioral Health model jointly developed by Boston Children's and

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(Code) (Expenses $ 7,889,295 including grants of $ 0) (Revenue $ 0)

Boston Children's provides financial and programmatic support to 10 Boston community health centers Bowdoin Street, Brookside, Dimock, Charles River Community Health, South Cove, South End, Southern Jamaica Plain, Upham's Corner, Whittier Street and Mattapan These health centers provide primary care and support, including medical, dental and mental health services, to more than 33,000 Boston children and their families With support from Boston Children's, the health centers have been able to focus on not only the quality of care provided but how they can expand the range of services delivered, serving as part of a patient-centered medical home For more details on Boston Children's community partnerships, visit bostonchildrens org/community Addressing social determinants of health Recognizing the link between social and health issues, Boston Children's actively participates and collaborates with its key community partners to respond to social determinants of health, which are non-medical issues that have a significant impact on individual and community health Boston Children's focuses on providing support at the individual, family and community levels Based on community need and the hospital's expertise, Boston Children's focuses its efforts and partnerships in three areas - Education and schools Boston Children's partners closely with the Boston Public Schools (BPS) to support and strengthen the system as well as to work directly in school settings to reach students and help families overcome barriers that may prevent their children from functioning well in school See above on BPS These programs include the Boston Children's Hospital Neighborhood Partnerships Program, the Advocating Success for Kids Program and various efforts in the area of child development - Workforce Development Boston Children's recognizes that one of the most significant ways to support the community and help to ensure a diverse workforce is the recruitment and retention of Boston residents as employees Boston Children's comprehensive workforce development efforts are in partnership with local organizations such as the Fenway Community Development Corporation Boston Children's also supports the pipeline of health care workers by exposing youth to careers in the health field Programs include SCOOP for students interested in nursing careers and the COACH program, which provides opportunities for high school students to work at the hospital during the summer - Partnering to support the health and social infrastructure in place for families Boston Children's is also committed to and directs resources to build capacity within the existing infrastructure of care for Boston children and families This means supporting key partners-the Boston Public Health Commission (BPHC) and 10 Boston community health centers Boston Children's also has relationships with a wide array of community based organizations, which provide a voice for the families and neighborhoods they represent Boston Children's provides support to several community based organizations to implement key family and social support programs that benefit the broader community and build community cohesion These partnerships help ensure that Boston Children's better understands the needs, uniqueness and strengths that lie within each community See above for more on BPHC and community health centers Advocating for children and families Influencing public policy to improve child health is an important aspect of Boston Children's commitment to community health As the leading provider of medical and behavioral services to low-income children in Boston and Massachusetts as well as a critical safety net for children throughout New England, Boston Children's has been an organized force and an influential advocate for children for more than 20 years Boston Children's is a forceful advocate on legislative and regulatory matters in Massachusetts that affect children's wellbeing, such as increasing access to quality pediatric mental health programs and promoting better treatment models for children with chronic conditions, such as asthma Boston Children's advocacy history is rooted in the promotion of better insurance coverage for children, including major child health expansions in the 1990s, strong involvement in Massachusetts' Affordable Care Today Coalition (the catalyst behind the passage of Massachusetts's 2006 health reform law), and significant national involvement in work to promote child health access through the Children's Health Insurance Program and the Affordable Care Act As a result, Massachusetts has achieved near universal health access for children, with less than 1 percent of children uninsured-the lowest rate in the country In recent years, Massachusetts has emphasized payment reform and cost containment policies within the health care system Boston Children's played an active and vocal role in the development of the groundbreaking payment reform legislation that was signed into law in August 2012 The hospital's advocacy resulted in numerous considerations for children, including developing pediatric standards for Accountable Care Organizations and studying the impact of the law on access to high quality care for children The law also added language to improve retention in the MassHealth program, at Boston Children's urging Nationally, Boston Children's is engaged in efforts to preserve the Children's Health Insurance Program, which serves as safety net for children in all fifty states, ensuring their access to high-quality, effective coverage and facilitates important quality measurement and improvement initiatives In 2006, Boston Children's (including its Boston Children's Hospital Neighborhood Partnerships Program - for details see above) and a coalition of community organizations launched the Children's Mental Health Campaign (CMHC) The CMHC has converted its credibility and influence into several major policy accomplishments which have redefined the landscape of the children's mental health system in Massachusetts In 2008, the CMHC was instrumental in securing passage of two landmark state laws An Act Relative to Children's Mental Health (Chapter 321) creates a structure for enhancing early identification, treating children in the most appropriate settings, enhancing coordination among state health care agencies and establishing mechanisms for oversight of and input into the state children's mental health system Chapter 256 strengthened the state's mental health parity law by expanding the categories of disorders for which health insurance plans must provide mental health benefits The CMHC is determined to hold key stakeholders accountable for implementing the new laws secured through its advocacy efforts Since that time, the CMHC has had a number of legislative and budget successes that have increased access to appropriate care for children and adolescents with mental health disorders and their families Current efforts address mental health parity compliance (legislative and regulatory), access to care, substance abuse prevention, and comprehensive school based services, among others Additionally, Boston Children's works in collaboration with a host of public health and injury prevention advocates to ensure public policies work to keep children safe and healthy Of note, in recent years, Boston Children's engaged in efforts that led to the passage of laws prohibiting children under the age of fourteen from riding all-terrain vehicles (ATVs), requiring those involved with school athletics to be trained in the recognition and management of brain injuries, and establishing healthy standards for snacks and beverages sold in school vending machines, school stores and cafeterias Boston Children's has established the over 4,000 member Children's Advocacy Network (CAN), a grassroots advocacy network that leverages the many voices of families, hospital staff, and community partners in support of child health Since 2006, the hospital has trained more than 300 advocates through an annual in-depth, five-session training series that gives advocates a better understanding of the legislative process and the skills needed for effective advocacy The CAN hosts monthly "Advocacy Lunch & Learns", which offer hospital staff and community partners a forum each month to learn about a current topic related to children's health policy and explore ways to advocate for children Staff members from departments throughout the hospital regularly engage with the CAN in order to receive information about policy changes that may impact their patient population or schedule in-service presentations about current events in Washington and at the state level

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Stephen Karp Trustee - Chairman	5 00 5 00	X						0	0	0
(1) Douglas Berthiaume Trustee - Vice Chair	2 00 2 00	X						0	0	0
(2) Allan Bufferd Trustee	1 00 1 00	X						0	0	0
(3) Gary Fleisher MD Trustee, ex officio	1 00 1 00	X						0	0	0
(4) Winston Henderson Trustee	1 00 1 00	X						0	0	0
(5) James Kasser MD Trustee,ex officio	1 00 1 00	X						0	0	0
(6) Steven Krichmar Trustee	1 00 1 00	X						0	0	0
(7) Robert Langer Trustee (from 5/2015)	1 00 1 00	X						0	0	0
(8) Harvey Lodish PhD Trustee	1 00 1 00	X						0	0	0
(9) Gary Loveman Trustee	1 00 1 00	X						0	0	0
(10) Ralph C Martin Trustee	1 00 1 00	X						0	0	0
(11) Thomas Melendez Trustee	1 00 1 00	X						0	0	0
(12) Mark Proctor MD Trustee, ex officio	1 00 1 00	X						0	0	0
(13) Robert A Smith Trustee	1 00 1 00	X						0	0	0
(14) Robert Smyth Trustee	1 00 1 00	X						0	0	0
(15) Anne Stack MD Trustee, ex officio	1 00 1 00	X						0	0	0
(16) Alison Taunton-RigbyPhD Trustee	1 00 1 00	X						0	0	0
(17) Marc B Wolpow Trustee	1 00 1 00	X						0	0	0
(18) Laura J Wood DNP MS RN CNO/Noncomp Trustee	55 00 5 00	X						505,760	0	52,401
(19) Gregory Young MD Trustee, ex officio	1 00 1 00	X						0	0	0
(20) Sandra Fenwick President & CEO, Noncomp Trustee	55 00 6 00	X		X				1,621,229	0	67,227
(21) Kevin Churchwell MD EVP & COO/Noncomp Trustee	55 00 5 00	X		X				1,175,452	0	58,524
(22) Douglas Vanderslice SVP, Treasurer & CFO	55 00 9 00			X				751,524	0	53,374
(23) Bruce Balter Asst Treasurer/Dir Corp Finance	55 00 5 00			X				236,097	0	51,119
(24) Michele Garvin Esq General Counsel & Secretary	55 00 8 00			X				193,511	0	8,021

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Dianne Hatfield Asst Secretary/Exec Asst	55 00 5 00			X				106,964	0	27,265
(1) Demosthenes Argys SVP, & Chief Administrative Officer	55 00 5 00				X			589,969	0	49,832
(2) August Cervini VP, Research Administration	55 00 5 00				X			319,115	0	27,992
(3) Margaret Coughlin SVP & Chief Marketing Officer	55 00 5 00				X			448,880	0	45,287
(4) Michael Gillespie VP, Clinical Services	55 00 5 00				X			413,471	0	33,182
(5) Patricia Hickey PhD MBA RN NEA-BC VP, Cardiovascular Services	55 00 5 00				X			349,268	0	42,207
(6) Daniel Nigrin MD SVP & Chief Information Officer	55 00 5 00				X			527,754	0	46,410
(7) Philip Rotner Chief Investment Officer	55 00 5 00				X			891,116	0	51,943
(8) Wendy Warring SVP, Network Development	55 00 5 00				X			589,177	0	42,020
(9) Charles Weinstein VP, RE Planning & Development	55 00 5 00				X			481,918	0	51,450
(10) Nader Rifai PhD Director, Chemistry	55 00 0 00					X		641,513	0	51,297
(11) Lynn Susman President, Children's Hospital Trust	55 00 0 00					X		627,185	0	57,287
(12) Orah Platt MD Chief, Lab Medicine	55 00 0 00					X		501,313	0	39,294
(13) Aditya Kaza MD Surgeon	55 00 0 00					X		498,959	0	50,956
(14) Inez Stewart VP, Human Resources	55 00 0 00					X		469,710	0	49,339
(15) Eileen Spring Former SVP & CNO	55 00 5 00						X	257,507	0	0
(16) James Mandell MD Former President & CEO	55 00 5 00						X	194,044	0	0
(17) Stuart Novick Esq Former General Counsel & Secretary	55 00 5 00						X	1,228,011	0	47,601
(18) Janet Cady Former President CH Trust	55 00 5 00						X	500,873	0	4,866
(19) M Laurie Cammisa Former VP, Child Advocacy	55 00 5 00						X	204,035	0	6,900

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SCHEDULE A (Form 990 or 990EZ)

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

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	358,360,283	331,388,600	336,637,071	330,383,668	307,902,601	1,664,672,223
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	358,360,283	331,388,600	336,637,071	330,383,668	307,902,601	1,664,672,223
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						48,503,963
6 **Public support.** Subtract line 5 from line 4						1,616,168,260

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	358,360,283	331,388,600	336,637,071	330,383,668	307,902,601	1,664,672,223
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,919,339	21,330,292	22,951,120	25,521,020	32,931,142	124,652,913
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-5,269	65,105	124,827	262,601	264,130	711,394
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	19,300,140	18,866,415	31,867,110	26,157,674	28,227,656	124,418,995
11 **Total support** Add lines 7 through 10						1,914,455,525

12	Gross receipts from related activities, etc (see instructions)	12	5,304,482,701

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	84 420 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	87 310 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—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 qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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 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 ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

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

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 Supporting Organizations

			Yes	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 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 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		
3a	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		
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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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		
c	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		
5a	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, (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		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
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 II 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 disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
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).*	10b		
11	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
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* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had 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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section 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		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**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		

Section 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		
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	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the 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	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) 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			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c 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 From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228002356

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Children's Hospital Corporation	04-2774441

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		136,135
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		63,170
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		435,109
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			634,414
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	Children's Hospital is a section 501(c)(3) organization whose mission is fourfold - to provide the best possible pediatric health care, combining compassion with advanced technical capabilities, to be the leading source of research and discovery, seeking new approaches to the prevention, diagnosis, and treatment of childhood diseases, to educate the next generation of leadership in child health care, and to provide education and healthcare services to the community In fulfillment of the above mission, the Hospital advocates on behalf of children and the providers who care for them at the State and Federal levels Professional staff in the Hospital's Office of Government Relations direct these activities and coordinate the work of other Hospital staff who support the advocacy efforts on an intermittent basis The Hospital has also sent correspondence to and met directly with Federal, State and local legislators and officials The Hospital has also utilized a grassroots network of employees and friends to advocate on behalf of children's health issues In Fiscal Year 2015, three Office of Government Relations staff members registered with the State as lobbyists for some or all of the fiscal year, dedicating a portion of their time to lobbying activities In accordance with state lobbying laws, the Hospital also registered its CEO and President as a lobbyist, although her involvement in these efforts was minimal Two Office of Government Relations staff members registered as lobbyists at the Federal level The Hospital utilized the services of two outside consultants in Fiscal Year 2015 in either the Massachusetts General Court or the U S Congress These consultants, on behalf of the Hospital, prepared written materials which are distributed to officials and met with elected and appointed officials The following is a detailed list of lobbying expenses incurred Josh Greenberg Registered Lobbyist Children's Hospital personnel $194,250 - Amy DeLong Registered Lobbyist Children's Hospital personnel $51,544 - Sandra Fenwick Registered Lobbyist Children's Hospital personnel $9,184 - Kathryn Audette Children's Hospital personnel $71,015 - Katherine Ginnis Children's Hospital personnel $23,569 - Joe Grant Consultant Grant Associates 130 Bowdoin Street - Suite 1706, Boston, MA 02108 $35,000 - Nick Manetto Consultant Faegre BD 1050 K Street NW, Suite 400, Washington, DC 20001 $50,547 Total Lobbyist/Consultant Expenses = $435,109 Expenses Incurred by the Office of Government Relations for Lobbying Activities = $136,135 Grant to Nat'l Assoc of Children's Hospitals for GME - Related Lobbying Expense = $63,170 TOTAL LOBBYING EXPENSES = $634,414 In addition to Children's Hospital Corporation's direct and listed lobbying expenses, Children's Hospital Corporation pays dues to certain membership organizations, a piece of which may be used by such organizations for lobbying activities on behalf of this institution and other similarly situated organizations Total direct and indirect lobbying expenditures were minimal and not substantial based on revenues

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
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? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

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

(i) 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 ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	976,027,000	894,984,000	828,961,000	712,896,000	567,567,000
b	Contributions	26,449,000	47,069,000	23,140,000	54,490,000	192,306,000
c	Net investment earnings, gains, and losses	-22,205,000	71,647,000	75,015,000	87,370,000	-11,529,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	40,492,000	37,673,000	32,132,000	25,795,000	35,448,000
f	Administrative expenses					
g	End of year balance	939,779,000	976,027,000	894,984,000	828,961,000	712,896,000

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

- a Board designated or quasi-endowment ▶ 55 910 %
- b Permanent endowment ▶ 19 100 %
- c Temporarily restricted endowment ▶ 24 990 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		399,348		399,348
b Buildings		1,598,793,677	835,218,657	763,575,020
c Leasehold improvements				
d Equipment		713,006,104	560,546,172	152,459,932
e Other		55,976,759	5,468,865	50,507,894
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				966,942,194

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	951,816,876	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Unamortized Bond Issuance Fees	6,197,329
(2) Interest in the Net Assets of Children's Medical Center	2,075,902,236
(3) Expected Insur Recoveries for Prof Liability Claims	24,796,349
(4) Other Assets - Miscellaneous	20,002
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,106,915,916

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Estimated Final Settlement Due to Third Party Payors & Deferred Revenue	15,624,918
Estimated Insured Professional Liability Losses	24,796,349
Salary & Other Benefits	2,815,990
Funds Held for Others	38,858,371
Reserve for Medical Malpractice	4,433,910
Other Liabilities - Miscellaneous	13,850,239
Lease Obligations	17,720,537
Interest Rate Swap Liability	146,313,857
Accrued Pension Cost	66,640,363
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	331,054,534

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 ☑

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Part V, Line 4	The Children's Hospital's investment and spending policies for endowment assets are intended to provide a predictable stream of funding to support Children's Hospital's missions in pediatric patient care, education, research, and community programs Part V, Line 1b The Contribution line is comprised of Net Assets Reclassifications of $755,000 and Contributions of $25,694,000
Part X, Line 2	There is no FIN48/ASC740 footnote in the organization's audited financial statements

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2774441
Name: Children's Hospital Corporation

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
(3)Other		
(A) Wellington - Energy	5,730,615	F
(B) Brookside Capital	1,334,471	F
(C) Highfields Capital	41,033,509	F
(D) Sankaty Credit Opport Fund IV	2,887,579	F
(E) Davidson Kempner	47,932,226	F
(F) King Street	61,694,570	F
(G) Baupost	52,628,020	F
(H) Fidelity International Stock	31,997,779	F
(I) Fidelity Notes Payable	2,299,690	F
(J) Bain Capital Fund IX	2,379,007	F
(K) Bain Capital Fund X	3,474,165	F
(L) Bain Arc	12,934,573	F
(M) SPUR Ventures II	7,335,032	F
(N) Lone Cascade	45,619,768	F
(O) Wellington - Emerging Small Cap	11,992,052	F
(P) Wellington - Real Asset	13,711,820	F
(Q) Wellington - Diversified Hedge	4,736,382	F
(R) Walter Scott	44,864,412	F
(S) MIT Private Equity Fund	23,413,171	F
(T) Energy Capital Partners	6,259,164	F
(U) Matrix China II	9,397,992	F
(V) Nalanda	12,641,129	F
(W) Somerset	10,457,754	F
(X) Sankaty COPS Fund V	5,564,407	F
(Y) Matrix India II	3,715,597	F
(Z) SequoiaUSGrowFund V	1,604,720	F
(AA) Abrams Capital	17,078,190	F
(AB) Bain Capital Venture Fund 2012	1,644,325	F
(AC) Golden Gate Capital	4,322,334	F
(AD) Crosslink Crossover Fund VI	4,100,441	F
(AE) Sequoia Capital Global Equities	16,076,016	F
(AF) Steadfast	15,368,861	F
(AG) Sequoia China Venture Fund IV	689,347	F
(AH) Convexity	29,700,706	F
(AI) Westbrook	2,841,608	F
(AJ) Lone Star Fund VIII	2,800,231	F
(AK) Riverstone	1,324,418	F
(AL) Park West Investors Ltd	19,527,536	F
(AM) Deccan Value	16,926,542	F
(AN) Wellington EM Opportunities	21,791,843	F
(AO) CMB Lone Cedar	12,365,283	F
(AP) Lone Kauri	4,483,693	F
(AQ) Sequoia US Venture Fund XIV	1,360,348	F
(AR) Wellington Spindrift	263,359	F
(AS) Wellington Quissett	451,731	F
(AT) Energy Capital Partners III	1,102,266	F
(AU) Fine Points Capital II	16,536,151	F
(AV) JMC Capital I-B	1,817,997	F
(AW) Lone Savin	4,015,093	F
(AX) Matrix China III	2,885,541	F
(AY) Matrix Partners X	646,283	F
(AZ) Sequoia Capital India IV	2,107,942	F
(BA) Sequoia China Growth III	1,748,752	F
(BB) Sequoia China Venture Fund V	934,826	F
(BC) SequoiaUSGrowFund VI	1,503,190	F
(BD) JVL Energy	7,396,535	F
(BE) Gaoling Feeder, Ltd	11,729,251	F
(BF) Loomis Senior Loan Bank Fund	15,098,979	F
(BG) Standish Opportunistic Fund	22,543,027	F
(BH) Standish Global Core Plus	16,733,722	F
(BI) Wellington Ultra Short Duration	54,050,029	F
(BJ) AKO European Long-Only Fund	8,314,555	F
(BK) Bain Capital Venture Fund 2014	1,796,930	F
(BL) Crosslink Crossover Fund VII	318,053	F
(BM) Dune Real Estate Fund III	1,662,431	F
(BN) Flare Capital Partners I	322,944	F
(BO) HMI Capital Partners	11,273,903	F
(BP) Lone Star Fund IX	724,861	F
(BQ) Loomis Sayles Institutional High Income Fund	3,916,058	F
(BR) Sequoia US Venture Fund XV	74,445	F
(BS) Wellington Unconstrained Core Fixed Income	27,898,035	F
(BT) Construction Fund	36,837,330	F
(BU) 3rd Pty External Administered Trusts	47,275,785	F
(BV) Misc Investments	9,795,546	F

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
Estimated Final Settlement Due to Third Party Payors & Deferred Revenue	15,624,918
Estimated Insured Professional Liability Losses	24,796,349
Salary & Other Benefits	2,815,990
Funds Held for Others	38,858,371
Reserve for Medical Malpractice	4,433,910
Other Liabilities - Miscellaneous	13,850,239
Lease Obligations	17,720,537
Interest Rate Swap Liability	146,313,857
Accrued Pension Cost	66,640,363

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,294,548
b Total from continuation sheets to Part I	0	0			324,686,109
c **Totals** (add lines 3a and 3b)	0	0			325,980,657

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	Children's Hospital's employees may travel outside the United States to support its missio ns in pediatric patient care, education, research, and community services Business travel , on behalf of Children's Hospital, must follow the Hospital's Travel Policy The traveler must complete a Travel Expense Report (TER) form, and provide original itemized receipts as supporting documentation TER form approval is the responsibility of the Manager of the Department/Director/VP in w hich that activity is budgeted and expensed In addition, the Department Manager/Principal Investigator/Director/VP is responsible for - Ensuring that the travel policy and procedures are clearly communicated to all authorized travelers - E nsuring compliance w ith all BCH travel policy and procedures, and applicable sponsor guide lines in the case of grant-sponsored activities, including timeliness and proper documenta tion requirements - Maintaining supporting documentation of travel activity and expenses for proper record keeping and auditing purposes - Assuring that proper authorization sign atures are documented on the TER form w ith the understanding that unauthorized expenses an d/or personal expenses w ill not be reimbursed to the traveler In general, the ordinary an d necessary expenses incurred w hile traveling on hospital business are reimbursable upon p resentation and authorization of a completed TER form w ith original receipts as supporting documentation Reimbursable expenses include transportation, hotel/lodging, meals and oth er reasonable expenses incidental to travel Personal expenses are not reimbursable

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, line 3	Expenditures are accounted for and reported on an accrual basis

Additional Data

Software ID:
Software Version:
EIN: 04-2774441
Name: Children's Hospital Corporation

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America & the Caribbean	0	0	Program Services	Patient Care, Research & Education	53,481
East Asia & The Pacific	0	0	Program Services	Patient Care, Research & Education	109,401
Europe	0	0	Program Services	Patient Care, Research & Education	517,483

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa -	0	0	Program Services	Patient Care, Research & Education	161,171
North America	0	0	Program Services	Patient Care, Research & Education	134,581
South America	0	0	Program Services	Patient Care, Research & Education	68,997

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia	0	0	Program Services	Patient Care, Research & Education	85,690
Sub-Saharan Africa	0	0	Program Services	Patient Care, Research & Education	163,744
Central America & the Caribbean	0	0	Investment		303,854,575

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Investment		18,464,668
Central America & the Caribbean	0	0	Insurance		2,347,298
Russia & the Newly Independent States -	0	0	Program Service	Patient Care, Research & Education	19,568

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	Chapman Cubine Adams & Hussey 2000 15th Street North Arlington, VA 22201	Direct Mail Counsel		No	1,035,555	410,091	625,464
2	Bentz Whaley Flessner 7251 Ohms Lane Minneapolis, MN 55439	Counsel/Reports		No	0	200,943	-200,943
3	Artsmarketing Services Inc 260 King Street East Ste 500 Toronto, Ontario CA	Call Center Mrkt		No	0	77,045	-77,045
4	Connelly Partners LLC 46 Waltham Street Boston, MA 02118	Fundraising Counsel		No	0	57,297	-57,297
5	LKA Fundraising & Communication PO Box 3257 Portland, OR 97208	Fundraising Counsel		No	0	18,000	-18,000
6							
7							
8							
9							
10							
Total . . . . . ▶					1,035,555	763,376	272,179

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CT, RI, NH, VT, ME, FL, NY, NJ, NV, MA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Dinner/Auction (event type)	(b) Event #2 Investment Conference (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,218,182	2,558,576	548,923	6,325,681
	2 Less Contributions	2,635,327	1,056,190	435,741	4,127,258
	3 Gross income (line 1 minus line 2)	582,855	1,502,386	113,182	2,198,423
Direct Expenses	4 Cash prizes	0	0	0	
	5 Noncash prizes	0	400	0	400
	6 Rent/facility costs	0	8,460	0	8,460
	7 Food and beverages	261,752	105,607	80,497	447,856
	8 Entertainment	0	0	10,400	10,400
	9 Other direct expenses	622,600	121,277	159,809	903,686
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,370,802)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				827,621

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228002356

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,202,153	3,849,996	10,352,157	0 720 %
b Medicaid (from Worksheet 3, column a)			287,186,232	218,414,642	68,771,590	4 790 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			301,388,385	222,264,638	79,123,747	5 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,272,877	490,023	4,782,854	0 330 %
f Health professions education (from Worksheet 5)			30,904,262	5,681,761	25,222,501	1 760 %
g Subsidized health services (from Worksheet 6)			22,970,537	18,420,580	4,549,957	0 320 %
h Research (from Worksheet 7)			342,841,000	319,933,000	22,908,000	1 600 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			937,500		937,500	0 070 %
j **Total.** Other Benefits			402,926,176	344,525,364	58,400,812	4 080 %
k **Total.** Add lines 7d and 7j			704,314,561	566,790,002	137,524,559	9 590 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	37		1,757,018		1,757,018	0 120 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy	7		859,400		859,400	0 060 %
8	Workforce development						
9	Other						
10	**Total**	44		2,616,418		2,616,418	0 180 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	10,321,806		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	12,688,342
6	Enter Medicare allowable costs of care relating to payments on line 5	6	10,973,483
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	1,714,859
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 None				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Boston Children's Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.childrenshospital.org			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) childrenshospital.org/about-us/community-mission/community-needs-assessment			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Boston Children's Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of __%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Boston Children's Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **6**

	Name and address	Type of Facility (describe)
1	Boston Children's at Waltham 9 Hope Ave Waltham, MA 02453	Outpatient Satellite Facility
2	Boston Children's at Lexington 482 Bedford Street Lexington, MA 02173	Outpatient Satellite Facility
3	Martha Eliot Health Center 75 Bickford Street Boston, MA 02130	Outpatient Community Health Center
4	Boston Children's at Peabody 1 Essex Center Drive Peabody, MA 01960	Outpatient Satellite Facility
5	Boston Children's at North Dartmouth 500 Faunce Corner Road North Dartmouth, MA 02747	Outpatient Satellite Facility
6	Children's Clinics at 333 Longwood Ave 333 Longwood Avenue Boston, MA 02115	Outpatient Pediatric Clinic
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 3c	Children's, based on its participation in the state of Massachusetts Health Safety Net, utilizes Federal Poverty Guidelines for determining eligibility for free care to low income individuals For purposes of discounted care, Children's offers discounts to individuals, regardless of income, who are uninsured and are ineligible for free care or other public programs

Form and Line Reference	Explanation
Part I, Line 6a	Children's files an annual community benefits report with the Attorney General's Office (AG) in Massachusetts There are significant differences between the AG and IRS requirements for reporting community benefits expenditures The IRS counts the following as community benefits while the AG does not Medicaid shortfalls, indirect costs, health professions education, and research funded by tax-exempt and government sources Children's AG Report is publicly available and can be accessed directly on the AG's web site, www mass gov/AG and Children's web site, www childrenshospital org

Form and Line Reference	Explanation
Part I, Line 7	Children's used an internal cost accounting system for purposes of reporting certain amounts on Part I, line 7 The system is designed to address all segments of patient care (inpatient, outpatient and emergency) and assigns costs to patients from all payer sources (Medicaid, Medicare, managed care, commercial, uninsured and self-pay) The cost of charity care was determined based on the overall relationship of hospital costs as a percentage of hospital charges, applied to charges that qualified as charity care Children's provides charity care to all children in need who meet the hospital's charity care standards, which are in alignment with all state mandated regulations Nearly 30% of children who receive their care at Children's are insured through Medicaid programs in a number of states including Massachusetts In aggregate, Medicaid programs do not reimburse the hospital for the total costs of providing care to these children Children's has a strong commitment to improving the health status of the children in our local community Based on a tri-annual community needs assessment, Children's supports a variety of programs and partners both internal and external that are addressing the needs of Boston children Children's has also identified four major health focus areas in which it concentrates its efforts For children in Boston, asthma, mental health, obesity and child development are major concerns Children's has community based programs in each of these issue areas The hospital also has an Office of Child Advocacy that provides support to these programs Children's is a leader in education and training for healthcare professionals Children's subsidizes services that are either limited or unavailable in the broader community Examples include psychiatry, primary care, and dental care Children's is home to the world's largest and most active research enterprise at a pediatric center Recognizing that Children's does not have the capacity to meet all the needs of the children of Boston, it supports (through financial contributions and in kind services) a large number of community based organizations who are providing these important services Beneficiaries range from full service community health centers to Head Start programs for pre-school children For more information, visit www childrenshospital org/community

Form and Line Reference	Explanation
Part I, Line 7g	Children's does not subsidize physician services, thus there are none reported in the dollar amount for subsidized health services

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	The total bad debt expense of $26,989,035 is included in Form 990, Part IX, line 25 column (A), but subtracted for purposes of calculating the percentage in this column

Form and Line Reference	Explanation
Part II, Community Building Activities	In FY15, Children's reported two types of community building activities $1,757,018 for 37 community support programs and $859,400 for community health improvement advocacy Children's community building activities are designed specifically to address health disparities and improve the health of children, families and communities According to public health literature (see Ambulatory Pediatrics and Health Affairs), initiatives that address disparities for children across four different levels the individual, systemic, community and society can lead to meaningful improvements in health As described in Form 990, Part III Program Service Accomplishments, Children's takes a multi-pronged approach to tackle the most pressing health issues facing Boston children At the same time, Children's addresses non-health or social determinants of health issues such as violence, workforce development and education, which also impact a child's health Therefore, Children's directs its community building activities in the following areas - Children's public policy advocacy efforts help to improve access to health care for all individuals and ensure high-quality pediatric services - As a major employer in Massachusetts and civic leader in Boston, Children's supports efforts to ensure a diverse and culturally competent health care workforce as well as promotes economic health in the surrounding communities - To improve life in local neighborhoods, Children's has targeted support towards community based organizations that do not focus specifically on health, but rather on the vibrancy of the community Contributions to groups such as the Fenway Community Development Corporation and Sociedad Latina are as important as partnerships with community health centers For more information, visit http //www childrenshospital org/about-us/community-mission

Form and Line Reference	Explanation
Part III, Line 4	Children's Medical Center and Subsidiaries' Audited Financial Statements contain the following bad debt footnote "The provision for bad debt expense is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collectionindicators Accounts receivable are reduced by an allowance for doubtful accounts Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Medical Center follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Medical Center Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies "Bad debt expense reflects patient charges that have been deemed uncollectible, converted to cost based on the ratio of patient care cost to charges from Worksheet 2 There is not any amount of bad debt reflected as charity care, because it can't be quantified accurately at this time However, some bad debts would be charity care

Form and Line Reference	Explanation
Part III, Line 8	Medicare allowable costs are obtained directly from the Medicare Cost Report and are determined in accordance with Medicare principles of reimbursement

Form and Line Reference	Explanation
Part III, Line 9b	Children's makes reasonable and diligent efforts to collect each patient's insurance and other information and to verify coverage for health care services Children's applies collection actions to all patients in the same manner, irrespective of their insurance status Children's does not (and does not permit its agents to) engage in collection action of any kind, including billing, with respect to patients/guarantors that are exempt from collection action under Children's Credit and Collection Policy and under Massachusetts regulations governing the Health Safety Net program All patients/guarantors who are not exempt from collection action are advised in all billing-related communications of the availability of free care and financial assistance, including assistance in applying for public programs and the availability of charity care Children's does not (and does not permit its agents to) engage in legal action against patients/guarantors, including liens, wage garnishments, or lawsuits, or report patients/guarantors to credit bureaus or credit agencies without specific, case-by-case authorization by Children's Board of Trustees No legal action occurred during the year Children's Credit and Collection Policy is filed with the Massachusetts Division of Health Care Finance and Policy That policy and related policies on Self-Pay Discounting and Charity Care and Self-Pay Collection Practices are also available to patients upon request

Form and Line Reference	Explanation
Part VI, Line 2	Boston Children's assesses the community needs on an ongoing basis through continuous dialogue with the community, participation on committees, working groups, and task forces, as well as input from Community Advisory Board and partners For more information, visit www childrenshospital org/about-us/community-mission/community-needs-assessment

Form and Line Reference	Explanation
Part VI, Line 3	Children's provides patients with information about financial assistance programs that are available through the Commonwealth of Massachusetts or through the hospital's own financial assistance program For those patients that request financial assistance, Children's assists patients by screening them for eligibility in an available public program and assisting them in applying for the program All patients/guarantors who are not exempt from collection action are advised in all billing-related communications of the availability of free care and financial assistance, including assistance in applying for public programs and the availability of charity care The screening and application process for a financial assistance programs is done through either the Virtual Gateway (which is an internet portal designed by the Massachusetts Executive Office of Health and Human Services to provide an online application for the programs offered by the state) or through a standard paper application All Virtual Gateway and paper applications are reviewed and processed by the Massachusetts Office of Medicaid Hospitals have no role in the determination of program eligibility made by the state, but at the patient's request may take a direct role in appealing or seeking information related to the coverage decisions

Form and Line Reference	Explanation
Part VI, Line 4	Boston Children's conducted a community health needs assessment to ensure that it was addressing the most pressing health concerns across Boston and its four priority neighborhoods- Roxbury, Mission Hill, Fenway and Jamaica Plain FINDINGS The residents of Boston Children's priority neighborhoods are ethnically and linguistically diverse, with wide variations in socioeconomic levels Minority and low-income residents are disproportionately affected by the social and economic context in which they live Demographic Characteristics Residents and stakeholders commented on the variety of cultures represented in the communities served by Boston Children's Quantitative data illustrate that racial and ethnic diversity varies across Boston Children's priority neighborhoods and citywide While the majority of residents in Roxbury/Mission Hill self-identify as Black (60 9%), Fenway and Jamaica Plain have a larger proportion of White residents (70 2% and 62 0%, respectively) compared to the city (53 9%) Poverty, Income, and Employment Economic data demonstrate that among the priority neighborhoods, a greater proportion of families in Roxbury/Mission Hill (31 0%) were living in poverty compared to families citywide (16 0%) Additionally, nearly half of female headed households with children under five years of age in Boston were living in poverty (46 7%) Education Quantitative data show that educational attainment across the priority neighborhoods ranges from 71 0% of Fenway residents with a bachelor's degree or higher to 25 0% of Roxbury/Mission Hill adults Additionally, Black and Hispanic students graduate at lower rates than their White and Asian counterparts Housing Housing concerns disproportionately affect renters, who represent the majority in Boston, 42 4% of renters in Boston contribute 35% or more of their income to housing costs Neighborhood Crime and Perceptions of Safety Quantitative data validate residents' concerns, between January and June 2013, Boston Children's priority neighborhoods collectively accounted for approximately 40% of the total crimes reported citywide during this time period, the majority of which were classified as larceny or attempted larceny Furthermore, over half of all homicides occurred in Roxbury/Mission Hill There are 4 hospitals and 7 community health centers serving our priority neighborhoods There are 22 Census Tracks that fall under 2 different MUA/P areas that are within the Boston Children's Hospital priority areas Massachusetts has a low rate of uninsured children 0-5 years 1 1% uninsured - 35 9% on Medicaid6-18 years 1 5% uninsured - 30 6% on Medicaid19-25 yrs-7% uninsured - 18 9% on Medicaid

Form and Line Reference	Explanation
Part VI, Line 5	As the only free-standing children's hospital in the state, Children's treats 90% of the sickest kids in Massachusetts and offers a range of services that are unavailable elsewhere in the region, including pediatric transplants, critical care transport services, a level 1 Pediatric Trauma Unit and a level 3 Neonatal Intensive Care Unit Children's also qualifies for DSH payments as the state's largest provider of pediatric care to low-income families Approximately 30% of its patients are covered by Medicaid, including patients insured by out-of-state Medicaid programs In addition, Children's has an open medical staff model Children's is also a leader in education and training for healthcare professionals It sponsors 38 Accreditation Council for Graduate Medical Education-accredited training programs, one American Dental Association accredited training program and 15 non-accredited subspecialty fellowships with 476 residents/clinical fellows enrolled in these programs Children's partners with 27 schools of nursing throughout Massachusetts and New England to provide clinical experiences in pediatrics Children's offers a variety of continuing education courses designed for health care professionals in pediatric practice The courses are accredited by the Office of Continuing Education at Harvard Medical School and each hour of instruction is approved for Category 1 credits towards the AMA Physician's Recognition Award Topics include autism, eating disorders, sports injuries, endometriosis, substance abuse, concussions, strabismus, Type II Diabetes and vascular anomalies Children's also offers half-day programs titled Pediatric Health Care Summits that are held at local hospitals, such as Beverly Hospital, Lawrence General and South Shore Hospital (Weymouth) Additionally, Children's partners with area community hospitals such as Good Samaritan Medical Center, Holy Family, Lawrence General, South Shore, St Anne's and St Joseph's to sponsor Community Hospital Pediatrics Grand Rounds with monthly lectures provided by faculty in medical and surgical sub-specialties Children's also operates "Career Opportunity Advancement Children's Hospital", a seven-week program for Boston youth to explore health care careers while having a safe and meaningful summer and the program "Student Career Opportunity Outreach Program", designed by Children's nurses to introduce young people to nursing career opportunities Children's is home to the world's largest and most active research enterprise at a pediatric center Children's research mission encompasses basic research, clinical research, community service programs and the postdoctoral training of new scientists Children's has a twenty-two person voluntary Board of Trustees Nineteen of the Board members are not direct employees of the hospital and all of them live in the hospital's service area The Board oversees the hospital's endowment and follows a 5% spending rule in keeping with the industry standard of the responsible management of assets Reserves are invested back into patient care, teaching, research, patient safety and quality initiatives, equipment, facilities, community benefits and to subsidize vital services that run a deficit

Form and Line Reference	Explanation
Part VI, Line 6	Although Children's does not have true affiliates as defined by the IRS, it does have other affiliations As the largest pediatric referral center in the region, Children's maintains a variety of relationships with community hospitals and other smaller pediatric programs throughout New England These relationships include seven community hospitals in eastern Massachusetts where Children's physicians have formal arrangements to provide on-site emergency medicine, inpatient, neonatal and/or outpatient pediatric specialty services Children's also owns and operates five outpatient facilities in Waltham, Lexington, Peabody, North Dartmouth and Jamaica Plain that offer access to pediatric specialty care in a wide array of subspecialties Children's provides assistance to other pediatric facilities (Hasbro, RI, Dartmouth Hitchcock, NH, and Boston Medical Center) in the region through training, recruitment, consultations, on-site care and referrals for care that is not otherwise available In addition, the Pediatric Physicians Organization at Children's brings together pediatricians, pediatric medical groups and pediatric specialists at Children's

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	MA

Additional Data

Software ID:
Software Version:
EIN: 04-2774441
Name: Children's Hospital Corporation

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Boston Children's Hospital	Part V, Section B, Line 5 Boston Children's Hospital contracted Health Resources in Action (HRiA), a nonprofit public health organization in Boston to work with the hospital to conduct its community health assessment study HRiA's consultants were selected because of their experience conducting health assessments and familiarity with the communities that Boston Children's serves HRiA used a participatory process to engage stakeholders, community residents and the Boston Children's Community Advisory Board (CAB) to inform the process This type of approach helps guide the research methods and questions as well as aids in building support and buy-in at the community level for both the assessment study and subsequent planning process The CAB engaged in two formal meetings during the planning process, reviewed and recommended potential stakeholders for interviews, and provided feedback on the stakeholder and focus group guides In addition to analyzing epidemiological data from Boston Children's priority neighborhoods, HRiA conducted qualitative research with community stakeholders and residents to gauge their perceptions of the community, their health concerns, what programming or services are most needed to address these concerns, and their perceptions of Boston Children's to accomplish this To this end, HRiA conducted 27 interviews with community stakeholders, 6 focus groups with parents and 4 focus groups with youth during the data collection period, with a total of 120 individuals participating in the qualitative research

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Boston Children's Hospital	Part V, Section B, Line 7d An Executive Summary of the CHNA was emailed and mailed out to all of the stakeholders and focus group participants with information on how to access the full report either online or from the hospital Boston Children's also distributed it widely to internal staff A link was also sent out to advocates and supporters of Boston Children's An overview of the findings and Boston Children's plans to address the identified needs will also be included in the Office of Community Health's annual report on the community mission

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Boston Children's Hospital	Part V, Section B, Line 11 Boston Children's addressed all of the needs identified in the assessment that are health related Below is a summary of how Boston Children's Hospital addresses the health needs and issues identified in our assessment process through its clinical care, services and programs and in collaboration with community partners For our complete Community Health and Benefits Plan, visit bostonchildrens org/community Obesity - offering prevention and treatment efforts that help families to manage their child's weight- building community capacity to identify and address the issue of obesity- engaging families with information on healthful eating and how to access physical activities- supporting advocacy efforts to promote access to physical activities for childrenAsthma- improving health and quality of life outcomes for children with asthma through home visiting and case management services- developing cost-effective program models that help families to better control asthma- advocating for changes to improve asthma careMental and behavioral health- building community capacity to identify and address mental and behavioral health concerns, including integration of mental health into primary care- offering services where children and families live and learn- advocating for changes to improve health and education systems for children with mental and/or behavioral health needsViolence and trauma- utilizing clinical expertise to provide prevention, treatment and advocacy services to individuals at-risk and/ or who are victims of abuse- supporting mental health efforts to help children and families cope with the stress created by violence and traumaEarly childhood/child development- building community capacity to identify and address early childhood issues such as behavioral concerns and learning delays- supporting efforts to create integrated systems of care for families with children starting at birth- partnering with community organizations that provide families with support and treatment servicesAccess to care- providing health services that are in demand and/or in limited supply such as primary care, dental and psychiatry services- building community capacity to increase access and availability of services- expanding primary care and mental health services through Boston Children's at Martha Eliot Health CenterHealth education- building upon the health education opportunities currently provided through community programs and services- coordinating these resources to better meet the need for health education in the communityYouth engagement- continuing support for youth programming, including work force development efforts- enhancing the adolescent services program at Boston Children's at Martha Eliot Health CenterCollaborative, community driven approaches- utilizing hospital resources to recognize and support community driven programs- supporting efforts to better coordinate services in the Jamaica Plain/Bromley-Heath area

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Boston Children's Hospital	Part V, Section B, Line 15e The Financial Assistance Policy provides as follows Patients/Parents will be referred to a Hospital Financial counselor for determination of eligibility for public assistance or Charity Care programs Under special circumstances, cases may be referred directly to the Director of Patient Financial Services For patients not qualifying for public assistance, information collected will be provided to the Director, Patient Financial Services, for determination of eligibility in the Hospital Charity Care Program Patients who potentially qualify for a Charity Care program will be approved by the Hospital Chief Financial Officer and/or Director, Patient Financial Services, with consultation and approval of the appropriate Foundation Chief or a designee

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Boston Children's Hospital	Part V, Section B, Line 16i Children's takes the following steps to make patients aware of the availability of financial assitance - Posting of signage in all patient care admission areas of the availability of financial assitance,- All billing correspondence includes language regarding the availability of financial assistance,- The Hospital web-site provides contact information for Hospital Financial Counselors who can help assist patients with applying for programs to cover medical expenses

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 4	The Hospital conducted the Community Health Need Assesment during tax year 2012 but the Assessment was not approved until tax year 2013

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I General Information on Grants and Assistance

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

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

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.

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 56

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	Children's Hospital provides three types of grants and assistance (1) Sponsorships, (2) Scholarships, and (3) Assistance Programs SPONSORSHIPS Children's supports external strategic partners that enhance Children's role and reputation as (1) a good neighbor, (2) community health partner, (3) civic leader, (4) and an employer of choice The criteria for Children's funding decisions to the requesting organization are based on the following 1 a non-profit that promotes careers in healthcare or health services and that Children's has collaborated, or is collaborating, with 2 a non-profit located in and serving Children's target neighborhoods (Fenway, Mission Hill, Jamaica Plain, Roxbury) that address social determinants of health and that Children's has collaborated, or is collaborating, with 3 one of Children's Hospital's affiliated community health centers 4 a citywide non-profit that is a strategic partner in one or more of the Children's primary community health focus areas (asthma, mental health, nutrition/fitness, violence prevention) and that Children's has collaborated, or is collaborating, with 5 a citywide non-profit that is a strategic partner in one or more of Children's secondary community health focus areas (early intervention, early childhood/elementary education,) that Children's has collaborated, or is collaborating, with 6 a business , civic, or advocacy strategic partner that senior management is actively engaged in 7 meets the IRS and the Massachusetts Attorney General's community support or community benefit criteria 8 meets the City of Boston eligibility as a "payment in lieu of taxes' investment Records and copies of sponsorship requests and the resulting grants are kept in paper form in the Office of Child Advocacy All sponsorships requests are commonly for general operating support All sponsorship is sent a letter that reiterates the stated use of the grant or assistance and with any Community Partnership Grants, representatives of Children's make site visits to many of the grantees and request end-of-year reports SCHOLARSHIPS Children's Hospital offers several scholarship programs to support the educational goals of its employees and/or their immediate families The Nursing Education Scholarship is available to deserving nurses to further his or her education in patient care and the Joshua T Shairs Cardiology Fund is a scholarship for nurses in the field of cardiology All nursing scholarship applicants must have worked at least three months, be enrolled in an academic program leading to a degree, demonstrate a commitment to the patient care and be in good standing, both professionally and academically Scholarship applications for the Nursing Education Scholarships and Joshua T Shairs Cardiology Funds are reviewed and maintained by the Department of Nursing/Patient Services selection committee All scholarship recipients are required to sign a Terms of Acceptance agreement affirming the funds will only be used for tuition, fees and/or class materials required for course instructions ASSISTANCE PROGRAMS Children's Hospital offers several financial assistance programs to provide funding to patients and their families burdened by the costs associated with long-term hospitalization, acute/chronic illness, disability or impairment We recognize the significant financial and support services burdens that patients and families face when experiencing frequent ambulatory services or prolonged inpatient admissions at Boston Children's Hospital These funds are primarily intended for use in emergent situations, and as a stop-gap intervention only They are not intended to provide permanent or long term solutions to financial need Essentially, these are funds of "last resort" when alternative options do not exist Below is a listing of our various Assistance Program Funds Frieze Social Work Fund - provide broad financial assistance to needy children and families during their illness or hospitalization at Children's Hospital Family Resource Center Fund - support of the family resource center's activities Yawkee Family Inn Fund/Kent Street Operating Fund - support patient family housing at Kent Street Devon Nicole House Operating Fund - support patient family housing at Devon Nicole House Pet Therapy Program Fund - provide pet therapy for patients Knez Family Fund for Patient Family Housing - to provide housing for needy parents of children receiving treatment at Children's Hospital Matthew Puffer Parking Fund - provide discounted parking for patient families whose children are being treated for chronic diseases Sandra & Geoffrey Fenwick Family Income Fund - support for the Center for Families especially needy patients Extraordinary Needs Fund II - cover immediate desperate needs of parents to include access to alternative therapeutic interventions Alexander Moss Baer Entertainment Fund - provide patient and patient family entertainers (i e magicians, face-painters) and craft supplies Volunteer Department Fund - to fund the Hospital's volunteer program Broadway Sam Fund at BCH - provide tickets for art and entertainment events for patients and patient's families Mannion Family Fund for the Center for Families - support the activities of the Center for Families Milagros Para Las Familias Fund - to provide translation services and program support for the Hospital's Spanish speaking families Amos's Endowment/Operating Fund - to support the Hale Family Center for Families Family Services Fund - to support the Family Resource Center's activities Judith Nelson Endowment/Operating Fund for Families - to support the Family Resource Center Patient Entertainment Fund - Purchase equipment for the entertainment of patients and families All financial assistance requests are assessed by a social worker If there appears to be significant financial hardship, the social worker does a financial assessment based on the policies and guidelines for the use of these special funds Typical requests include assistance with transportation, utilities (a child cannot be discharged without adequate heat, electricity, telephone contact in the home), etc Each request is reviewed by the Director of the Fund Checks are not payable to the family, rather a payment may be made directly to the company involved via an invoice from that company, e g , National Grid Assessment considerations for Special Fund requests are based on * Duration of Need * Demographic * Family Status * Income Factors * Clinical Factors * Alternate Resources Available * Funding Limits

Additional Data

Software ID:
Software Version:
EIN: 04-2774441
Name: Children's Hospital Corporation

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Health Resources In Action 622 Washington Street Dorchester, MA 02124	04-2229839	501(c)(3)	91,000				Community Partnership
Boston Center for Youth and Families1483 Tremont Street Boston, MA 02120	04-2602576	501(c)(3)	5,000				Community Partnership
Boston Public Health Commission1010 Massachusetts Ave Boston, MA 02118	04-3316655	115	150,000				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Boston Public Schools26 Court St 6th Fl Boston, MA 02108	22-2514422	115	85,500				Community Partnership
Bowdoin Street Health Center Inc230 Bowdoin Street Boston, MA 02122	04-2529788	501(c)(3)	62,000				Support of Community Health Center
Brigham & Women's Hospital Inc75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	124,000				Support of Community Health Centers

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Community Catalyst Inc30 Winter Street 10th Floor Boston, MA 02108	04-3355127	501(c)(3)	40,000				Advocacy Support
The Dimock Center55 Dimock Street Roxbury, MA 02119	04-3487835	501(c)(3)	52,000				Community Partnership
Fenway Community Development Corporation73 Hemenway Street Boston, MA 02115	04-2666507	501(c)(3)	52,500				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Project RIGHT320 A Blue Hill Avenue Dorchester,MA 02121	04-3265420	501(c)(3)	50,000				Advocacy Support
Joseph M Smith Community Health Center Inc287 Western Avenue Allston,MA 02134	23-7221597	501(c)(3)	82,000				Support for the Community Health Canter
Community Service Care Inc 295 Center Street Jamaica Plain,MA 02130	04-2754281	501(c)(3)	70,000				Community Partnership - JP Coalition

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Mattapan Community Health Center1425 Blue Hill Ave Mattapan, MA 02426	04-2544151	501(c)(3)	42,500				Support of the Community Health Center
YMCA of Greater Boston inc 316 Huntington Avenue Boston, MA 02115	04-2103551	501(c)(3)	40,000				Community Partnership - Roxbury YMCA
Sociedad Latina Inc1530 Tremont Street Roxbury, MA 02120	04-2678255	501(c)(3)	36,250				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
South Cove Community Health Center Inc145 South Street Boston, MA 02111	04-2501818	501(c)(3)	56,000				Support of the Community Health Center
South End Community Health Center Inc1601 Washington Street Boston, MA 02118	04-2456134	501(c)(3)	84,500				Support of the Community Health Center
Upham's Corner Community Center Inc500 Columbia Road Dorchester, MA 02125	04-2708670	501(c)(3)	81,000				Support of the Community Health Center

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Whittier Street Health Center Committee Inc1125 Tremont Street Roxbury, MA 02120	04-2619517	501(c)(3)	89,500				Support of the Community Health Center
Nurtury Inc95 Berkeley Street Suite 306 Boston, MA 02116	04-2105893	501(c)(3)	35,000				Community Partnership
Massachusetts League of Community Health Centers40 Court Street 10th Floor Boston, MA 02108	04-2507409	501(c)(3)	12,500				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Mission Hill Youth Collaborative1481 Tremont Street Boston, MA 02120	04-3103865	501(c)(3)	5,600				Community Partnership
The Hyde Square Task Force Inc375 Centre Street Jamaica Plain, MA 02130	04-3118543	501(c)(3)	6,000				Community Partnership
Action for Boston Community Development178 Tremont Street Boston, MA 02111	04-2304133	501(c)(3)	15,000				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Massachusetts Public Health Association101 Tremont Street Boston, MA 02108	04-2326503	501(c)(3)	20,000				Community Partnership
Smart from the Start Inc68 Annunciation Road Boston, MA 02120	45-4952663	501(c)(3)	84,000				Community Partnership
United Way of Massachusetts Bay & Merrimack Valley51 Sleeper Street Boston, MA 02210	04-2382233	501(c)(3)	20,000				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Health Law Advocates30 Winter Street 10th Floor Boston, MA 02108	04-3298116	501(c)(3)	250,000				Advocacy Support
Northeastern University360 Huntington Avenue Boston, MA 02115	04-1679980	501(c)(3)	45,000				Community Partnership
Massachusetts Law Reform Institute99 Chauncy Street Ste 500 Boston, MA 02111	04-6004303	501(c)(3)	20,000				Advocacy Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Third Sector New EnglandPO Box 201060 Roxbury, MA 02120	04-2261109	501(c)(3)	500				Community Partnership
Mass Society for the Prevention of Cruelty to Children3815 Washington Street Ste 2 Boston, MA 02130	04-2103596	501(c)(3)	35,000				Advocacy Support
Greater Boston Chamber of Commerce265 Franklin Street 12th Floor Boston, MA 02110	04-1103090	501(c)(3)	10,000				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Massachusetts General Hospital205 Portland Street 6th Floor Boston, MA 02114	04-1564655	501(c)(3)	5,000				Community Partnership
The Home for Little Wanderers10 Guest Street Boston, MA 02135	04-2104764	501(c)(3)	50,000				Community Partnership
YMCA of Metro North259 Lynnfield Street Peabody, MA 01960	04-2105883	501(c)(3)	500				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Family Services of Greater Boston31 Heath Street Boston, MA 02130	04-2160528	501(c)(3)	3,000				Community Partnership
Bridge of Troubled Water Inc 47 West Street Boston, MA 02111	04-2472126	501(c)(3)	10,000				Community Partnership
Fund for Parks & Recreation in Boston10 Massachusetts Avenue Boston, MA 02118	04-2784811	501(c)(3)	2,000				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Massachusetts Communities Action Network50 Mt Vernon Street Boston, MA 02125	04-2863903	501(c)(3)	2,000				Community Partnership
Center for Comm Health Education Research & Service Inc320 Huntington Avenue Boston, MA 02115	04-3286409	501(c)(3)	1,500				Community Partnership
Express Yourself Inc6 Ellis Street Peabody, MA 01960	04-3294365	501(c)(3)	500				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Breakthrough Greater Boston PO Box 381486 Cambridge, MA 02238	04-3307783	501(c)(3)	10,000				Community Partnership
Boston Medical Center Corporation255 River Street Mattapan, MA 02126	04-3314093	501(c)(3)	10,000				Community Partnership - SPARK Center
Families First Parenting Programs Inc99 Bishop Allen Drive Cambridge, MA 02139	04-3413397	501(c)(3)	10,000				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Friends of Ramler ParkPO Box 231143 Astor Station Boston, MA 02123	04-3484629	501(c)(3)	100				Community Partnership
NAACP Boston30 Martin Luther King Boulevard Roxbury, MA 02119	04-3574060	501(c)(3)	2,500				Massachusetts Voter Education
Boston Educational Development Foundation26 Court St 6th Fl Boston, MA 02108	22-2514422	501(c)(3)	52,500				Community Partnership - Countdown to Kindergarten

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 Municipal Research Bureau333 Washington Street Boston, MA 02108	22-2673755	501(c)(3)	200				Community Partnership
Harbor Health Services Inc 1135 Morton Street Mattapan, MA 02126	23-7100550	501(c)(3)	2,550				Community Partnership
La Alianza Hispana Inc409 Dudley Street Roxbury, MA 02119	23-7121158	501(c)(3)	10,000				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Mission Hill Neighborhood Housing Services1620 Tremont Street Mission Hill, MA 02120	23-7428011	501(c)(3)	1,000				Community Partnership
Louis D Brown Peace Institute1452 Dorchester Avenue Dorchester, MA 02122	26-3068254	501(c)(3)	1,000				Community Partnership
Friends of Mary Lyon50 Beachcroft Street Brighton, MA 02135	27-0537167	501(c)(3)	750				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Doc Wayne Youth Services Inc418 Commonwealth Avenue Boston, MA 02215	27-4216064	501(c)(3)	10,000				Community Partnership
Asian Women for Health83 Wallace Street Somerville, MA 02144	32-0390494	501(c)(3)	11,000				Community Partnership
WriteBoston2300 Washington Street Roxbury, MA 02119	46-1255108	501(c)(3)	1,000				Community Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
American Cancer Society30 Speen Street Framingham, MA 01701	05-0271570	501(c)(3)	5,000				Advocacy Support

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Nursing Education Scholarship Fund	12	28,503		FMV	
Joshua T Shairs Cardiology Fund	5	5,000		FMV	
Alexander Mosse Baer Entertainment Fund	4000		3,129	FMV	Craft Supplies
Family Resource Center Fund	42		18,162	FMV	Educational Resources
Yawkey Family Inn Fund	1108		623,852	FMV	Housing Assistance
Devon Nicole House Operating Fund	677		90,911	FMV	Housing Assistance
Pet Therapy Program Fund	1581		65,067	Other	Theurapeutic dog visits made to inpatients
Matthew Puffer Parking Fund	37	3,752		FMV	
Sandra & Geoffrey Fenwick Family Income Fund	230		12,244	FMV	Memorial services and grief conference
Extraordinary Needs Fund II	248	108,881		FMV	
Volunteer Department Fund	5000		48,257	FMV	Supplies, Catering and Entertainment for Patients and Patient's families
Broadway Sam Fund	1073		14,112	FMV	Tickets for Art and Entertainment Events
Family Services Fund	1509	2,975		FMV	Greeting Cards and supplies for Adopt a Family Program & wellness supplies
Mannion Family Fund				FMV	
Milagros Para las Family Fund	555		18,600	FMV	Translation services and program support for spanish speaking families

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	**(b)**Number of recipients	**(c)**Amount of cash grant	**(d)**Amount of non-cash assistance	**(e)**Method of valuation (book, FMV, appraisal, other)	**(f)**Description of non-cash assistance
Amos's Endowment/Operating Fund	21		409	fMV	Notary Services for Patients families
Judith Nelson Endowment/Income Fund	458		17,811	FMV	Wellness Activities/Massage Therapy Expenses
Knez Family Fund for Patient Family Housing	7		50,295	FMV	Housing Assistance
Patient Entertainment Fund	1000		1,244	FMV	Patient Entertainment Supplies

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification 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 in 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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Lines 4a-b	Boston Children's Hospital made contributions to the supplemental non-qualified retirement plan for the individuals listed below Contribution amounts are generally based on a percentage of compensation Participants of the supplemental executive retirement plan are fully vested All payments with respect to a participant's separation from service will be made in a single sum following the separation from service unless participant has elected to receive the accrued interest portion of his or her account in three annual installments Contributions were for employee benefits and not for Boston Children's Hospital Trustee or Officer of the Board services and/or responsibilities Demosthenes Argys, received in 2014, a contribution of $48,080 August Cervini, received in 2014, a contribution of $13,250 Kevin Churchwell, received in 2014, a contribution of $60,500 Margaret Coughlin, received in 2014, a contribution of $30,128 Sandra Fenwick, received in 2014, a contribution of $377,700 Michele Garvin, received in 2014, a contribution of $1,900 Michael Gillespie, received in 2014, a contribution of $26,246 Daniel Nigrin, received in 2014, a contribution of $38,823 Stuart Novick, received in 2014, a contribution of $94,691 Philip Rotner, received in 2014, a contribution of $80,178 Inez Stewart, received in 2014, a contribution of $36,248 Lynn Susman, received in 2014, a contribution of $45,062 Doug Vanderslice, received in 2014, a contribution of $60,212 Wendy Warring, received in 2014, a contribution of $45,141 Charles Weinstein, received in 2014, a contribution of $34,556 Laura Wood, received in 2014, a contribution of $32,954 During Calendar Year 2014, M Laurie Cammisa (former Vice President, Child Advocacy) received severance payments totaling $63,552 During Calendar Year 2014, the following individuals received supplemental executive retirement plan distributions James Mandell, received in 2014, a distribution of $189,520 Stuart Novick, received in 2014, a distribution of $745,734 M Laurie Cammisa, received in 2014, a distribution of $140,483 Eileen Spring, received in 2014, a distribution of $257,507 Janet Cady, received in 2014, a distribution of $455,031
Part II, Column F(Compensation Reported in Prior Form 990)	The compensation reported in Part II, column B, of this Schedule J (Form 990) is for the calendar year 2014 and a portion of it may have already been reported on a prior year Form 990 as deferred compensation Compensation amounts in Column F reflects the compensation already reported in a prior return and needs to be taken into consideration to correct the overstatement of the cumulative compensation reported as paid to the individuals listed

Additional Data

Software ID:
Software Version:
EIN: 04-2774441
Name: Children's Hospital Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Laura J Wood DNP MS RN, CNO/Noncomp Trustee	(I)	357,168	81,200	67,392	20,800	31,601	558,161	0
	(II)	0	0	0	0	0	0	0
Sandra Fenwick, President & CEO, Noncomp Trustee	(I)	773,417	435,000	412,812	26,000	41,227	1,688,456	0
	(II)	0	0	0	0	0	0	0
Kevin Churchwell MD, EVP & COO/Noncomp Trustee	(I)	636,556	300,000	238,896	18,200	40,324	1,233,976	0
	(II)	0	0	0	0	0	0	0
Douglas Vanderslice, SVP, Treasurer & CFO	(I)	512,147	133,000	106,377	18,200	35,174	804,898	0
	(II)	0	0	0	0	0	0	0
Bruce Balter, Asst Treasurer/Dir Corp Finance	(I)	193,388	16,228	26,481	29,864	21,255	287,216	0
	(II)	0	0	0	0	0	0	0
Michele Garvin Esq, General Counsel & Secretary	(I)	157,666	0	35,845	0	8,021	201,532	0
	(II)	0	0	0	0	0	0	0
Demosthenes Argys, SVP, & Chief Administrative Officer	(I)	396,019	96,600	97,350	23,400	26,432	639,801	0
	(II)	0	0	0	0	0	0	0
August Cervini, VP, Research Administration	(I)	243,244	41,650	34,221	3,780	24,212	347,107	0
	(II)	0	0	0	0	0	0	0
Margaret Coughlin, SVP & Chief Marketing Officer	(I)	311,602	72,600	64,678	20,800	24,487	494,167	0
	(II)	0	0	0	0	0	0	0
Michael Gillespie, VP, Clinical Services	(I)	306,968	55,700	50,803	18,200	14,982	446,653	0
	(II)	0	0	0	0	0	0	0
Patricia Hickey PhD MBA RN NEA-BC, VP, Cardiovascular Services	(I)	268,723	30,700	49,845	32,150	10,057	391,475	0
	(II)	0	0	0	0	0	0	0
Daniel Nigrin MD, SVP & Chief Information Officer	(I)	373,994	88,550	65,210	23,400	23,010	574,164	0
	(II)	0	0	0	0	0	0	0
Philip Rotner, Chief Investment Officer	(I)	597,208	190,700	103,208	18,200	33,743	943,059	0
	(II)	0	0	0	0	0	0	0
Wendy Warring, SVP, Network Development	(I)	411,084	86,400	91,693	20,800	21,220	631,197	0
	(II)	0	0	0	0	0	0	0
Charles Weinstein, VP, RE Planning & Development	(I)	354,110	65,100	62,708	26,000	25,450	533,368	0
	(II)	0	0	0	0	0	0	0
Nader Rifai PhD, Director, Chemistry	(I)	430,429	208,551	2,533	29,600	21,697	692,810	0
	(II)	0	0	0	0	0	0	0
Lynn Susman, President, Children's Hospital Trust	(I)	382,300	173,800	71,085	26,000	31,287	684,472	0
	(II)	0	0	0	0	0	0	0
Orah Platt MD, Chief, Lab Medicine	(I)	459,991	33,156	8,166	29,600	9,694	540,607	0
	(II)	0	0	0	0	0	0	0
Aditya Kaza MD, Surgeon	(I)	504,099	1,000	-6,140	29,600	21,356	549,915	0
	(II)	0	0	0	0	0	0	0
Inez Stewart, VP, Human Resources	(I)	353,091	59,700	56,919	23,400	25,939	519,049	0
	(II)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Eileen Sporing, Former SVP & CNO	(I)	0	0	257,507	0	0	257,507	0
	(II)	0	0	0	0	0	0	0
James Mandell MD, Former President & CEO	(I)	0	0	194,044	0	0	194,044	0
	(II)	0	0	0	0	0	0	0
Stuart Novick Esq, Former General Counsel & Secretary	(I)	267,215	100,000	860,796	28,600	19,001	1,275,612	554,825
	(II)	0	0	0	0	0	0	0
Janet Cady, Former President CH Trust	(I)	11,769	0	489,104	3,550	1,316	505,739	0
	(II)	0	0	0	0	0	0	0
M Laurie Cammisa, Former VP, Child Advocacy	(I)	63,552	0	140,483	0	6,900	210,935	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MHEFA Revenue Bonds Series M	04-2456011	57586EMT5	11-19-2009	126,110,000	Purchase of med off bldg, reno & leasehold impr		X		X		X
B	MHEFA Revenue Bonds Series N	04-2456011	57586EUJ8	05-13-2010	341,590,000	Refunded Series G, H, I, J & K		X		X		X
C	MDFA Revenue Bonds Series O	04-3431814	NoneAvail	12-11-2013	200,640,000	Refunded Series L		X		X		X
D	MDFA Revenue Bonds Series P	04-3431814	57583UK31	05-21-2014	136,685,000	New bldg construction, reno & capital equip		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	124,329,713	341,590,000	200,640,000	151,753,430
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows		339,564,138	200,000,000	
7	Issuance costs from proceeds	1,829,713	2,025,862	640,000	1,753,430
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	122,500,000			143,659,200
11	Other spent proceeds				
12	Other unspent proceeds				6,340,800
13	Year of substantial completion	2011	2010	2013	2013

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			X
b	Name of provider			Goldman Sachs Mitsui Marine		Goldmn SachsBOA			
c	Term of hedge			30 000000000000		30 000000000000			
d	Was the hedge superintegrated?				X		X		
e	Was the hedge terminated?				X		X		

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name MHEFA, Revenue Bonds Series M Date the Rebate Computation was Performed 09/30/2014 Issuer Name MHEFA, Revenue Bonds Series N Date the Rebate Computation was Performed 09/30/2014

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MDFA Revenue Bonds Series Q	04-3431814	NoneAvail	07-11-2014	50,255,000	New building construction & renovations		X		X		X
B	MDFA Revenue Bonds Series R	04-3431814	NoneAvail	07-29-2014	125,350,000	Refunded a portion of Series N		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	50,255,000	125,350,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows		125,000,000		
7	Issuance costs from proceeds	255,000	350,000		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	9,591,873			
11	Other spent proceeds				
12	Other unspent proceeds	40,408,127			
13	Year of substantial completion		2014		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b	Name of provider			Goldman Sachs Mitsu					
c	Term of hedge			30 000000000000					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		10,795	Mkt Value per Donor
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	100	24,217,061	Mean Value on Gift Date
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	18	3,275	Mkt Value per Donor
19 Food inventory	X	2	6,123	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Travel/Dining)	X	5	243,576	Mkt Value per Donor
26 Other ► (Misc Other)	X	10	46,300	Mkt Value per Donor
27 Other ►(_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 32b	The Hospital uses an event management firm to assist in processing non-cash donations received for an event auction
Part I, Line 33	The Hospital may receive items such as books, stuffed animals and video games that are donated to the units - these items are de minimus and values are not available so they are not reported in revenues

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization	Employer identification number
Children's Hospital Corporation	04-2774441

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation The Children's Medical Center Corporation elects the governing body of Children's Hospital Corporation because the Board of Trustees of Children's Hospital Corporation must consist of the persons who serve from time to time as the trustees of The Children's Medical Center Corporation

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation ("the Hospital") As stated in the Hospital's By Laws, Children's Medical Center Corporation has the powers and rights - to approve proposed operating and capital budgets of the Hospital, - to approve the sale of all or substantially all of the Hospital's assets, - to approve the establishment of all long-range plans, goals and objectives of the Hospital, - to approve any incurrence of long-term indebtedness by the Hospital, - to set executive compensation

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Form 990 tax return was prepared by the organization's staff and reviewed by management (including the President & Chief Executive Officer, Executive Vice President of Health Affairs and Chief Operating Officer, Chief Financial Officer, Legal and other relevant departments of the organization), along with the outside accounting firm of Ernst & Young The Form 990 tax return was then presented to the Children's Medical Center and affiliates' Audit & Compliance Committee Also, a copy was made available to the Board before filing

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Hospital's conflict of interest policy applies to all trustees, Trust Board members, members of the medical staff and employees of the Hospital Trustees, chiefs of service and division chiefs, senior managers and others who exercise influence over important strategic, business and purchasing decisions of the Hospital are required to complete an annual conflict of interest disclosure questionnaire about their financial interests and outside activities If an expected questionnaire is not returned, the Compliance Officer notifies the individual's supervisor or the CEO or COO, and repeated requests for the completed questionnaire are made until the questionnaire is completed Responses are reviewed by the Compliance Officer and any potential conflicts are discussed with the Office of General Counsel and/or the individual's supervisor, any actual or potential conflicts are managed by termination of the conflict, management of the conflict, recusal, disclosure, review, or a combination thereof Outside interests and outside activities may be permitted as long as the Hospital, Medical Center or Trust determines that such interests and activities are consistent with the best interests of the Hospital, Medical Center or Trust and the Hospital, Medical Center or Trust Board member, medical staff member or employee involved does the following 1 discloses the fact that he has a financial interest or a consultative role in or with a person or company with which the Hospital, Medical Center or Trust is doing or is thinking of doing business, and 2 refrains from voting or exercising any personal influence whatsoever in the selection of a person or company to do business with the Hospital, Medical Center or Trust with whom or in which he has a financial interest or a consultative role, and 3 avoids any active participation in any dealings between the Hospital, Medical Center or Trust and the person or company with whom or in which he has a financial interest or consultative role, and 4 does not permit such outside interests or activities to absorb such amounts of his time and effort as to make it impractical for him to fulfill his assigned responsibilities at the Hospital, Medical Center or Trust, and 5 does not permit such outside interests or activities to compromise or appear to compromise the name or reputation of the Hospital, Medical Center or Trust

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Hospital has a board level compensation committee that annually reviews and approves the compensation for the following individuals President & Chief Executive Officer Executive Vice President Health Affairs & Chief Operating Officer Senior Vice President & Chief Financial Officer Senior Vice President & General Counsel Senior Vice President, Patient Care Services & Chief Nursing Officer Senior Vice President & Chief Administrative Officer Vice President, Research Administration President, Children's Hospital Trust Vice President, Government Relations Senior Vice President & Chief Marketing and Communications Officer Senior Vice President & Chief Information Officer Vice President, Human Resources Vice President, Support Services Vice President, Real Estate Planning & Development Chief Investment Officer Senior Vice President, Network Development & Strategic Partnerships Vice President, Clinical Services Senior Vice President, International Services The committee is comprised of members of the board who are not employed by the organization, and no member may participate in the review and approval of compensation if the member has a conflict of interest with respect to that compensation arrangement The committee relies on data, provided by an independent compensation consultant, which includes comparable compensation for similarly qualified persons, in functionally comparable positions, at similarly situated organizations The deliberations and decisions of the committee are documented in minutes of the meeting

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Hospital posts its Code of Conduct (which incorporates the Conflict of Interest Policy) and its Compliance Manual (which includes a summary of the Conflict of Interest Policy) on its external website and these are also available from the Compliance Office or the Office of General Counsel Governing documents are not posted publicly but are available from the Hospital upon request and are also filed with the Massachusetts Secretary of State, where they are available to the public Audited financial statements are filed annually with the Massachusetts Office of the Attorney General as part of the Hospital's Form PC filing and are available from the organization upon request Quarterly financial statements are filed with the Hospital's bond trustee and are available to the public through the Electronic Municipal Market Access (EMMA) website maintained by the Municipal Securities Rulemaking Board

Return Reference	Explanation
Form 990, Part IX, line 11g	Purchased Medical Services Program service expenses 47,774,742 Management and general expenses 7,829,903 Fundraising expenses 0 Total expenses 55,604,645 Purchased Research Services Program service expenses 34,421,946 Management and general expenses 0 Fundraising expenses 0 Total expenses 34,421,946 Consulting Services Program service expenses 14,658,024 Management and general expenses 11,469,979 Fundraising expenses 944,182 Total expenses 27,072,185 Misc Purchased Services Program service expenses 15,682,046 Management and general expenses 5,284,236 Fundraising expenses 87,857 Total expenses 21,054,139 Nursing Agency Fees Program service expenses 4,245,409 Management and general expenses 121,336 Fundraising expenses 0 Total expenses 4,366,745 Laundry Services Program service expenses 1,642,611 Management and general expenses 192,002 Fundraising expenses 0 Total expenses 1,834,613 Security Services Program service expenses 3,376,543 Management and general expenses 58,680 Fundraising expenses 482 Total expenses 3,435,705 Catering Fees Program service expenses 774,626 Management and general expenses 76,793 Fundraising expenses 17,126 Total expenses 868,545 Collection Agency Fees Program service expenses 159,586 Management and general expenses 1,055,980 Fundraising expenses 0 Total expenses 1,215,566 Temp Agency Fees Program service expenses 1,159,534 Management and general expenses 146,234 Fundraising expenses 429,912 Total expenses 1,735,680 Ambulance Services Program service expenses 90,686 Management and general expenses 0 Fundraising expenses 0 Total expenses 90,686 Environmental Services Program service expenses 585,438 Management and general expenses 194,003 Fundraising expenses 0 Total expenses 779,441

Return Reference	Explanation
Form 990, Part XI, line 9	Net Transfers/Support from Children's Medical Center 109,979,671 Pension Adjustment -62,783,840 Tran of Prof Svc Surplus from Net Assets to Funds Held for Others -5,010,622 Other Adjustments -250

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Marketplace LaGuardia LLC One Wells Avenue Newton, MA 02459 20-0417454	Investment in Marketplace LaGuardia LP	MA	Children's Hospital Corporation	5% Investment	1,155,312	4,336,322		No	-125,504		No	65 680 %

Part IV **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 trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Longwood Associates Inc 55 Shattuck Street Boston, MA 02115 04-2943755	Property Management	MA	Children's Medical Center Corporation	C					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2774441
Name: Children's Hospital Corporation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Children's Medical Center Corporation 55 Shattuck Street Boston, MA 02115 04-1174680	Holds & manages security, real estate investments for Children's Hospital	MA	501(c)(3)	11 - Type II	N/A		No
(1) Longwood Research Institute Inc 300 Longwood Avenue Boston, MA 02115 04-2781368	Medical & scientific research, holds real estate investments	MA	501(c)(3)	11 - Type II	Children's Medical Center Corporation		No
(2) CHB Properties Inc 300 Longwood Avenue Boston, MA 02115 04-3323330	Holds & manages satellite ambulatory centers, real estate investments	MA	501(c)(3)	9	Children's Medical Center Corporation		No
(3) Longwood Corporation 55 Shattuck Street Boston, MA 02115 04-2779882	Holds & manages real estate investments	MA	501(c)(2)		Children's Medical Center Corporation		No
(4) Fenmore Realty Corporation 55 Shattuck Street Boston, MA 02115 22-2478110	Holds & manages real estate investments	MA	501(c)(2)		Children's Medical Center Corporation		No
(5) Physician's Organization at Children's Hospital Inc 300 Longwood Avenue Boston, MA 02115 04-3266103	Coord & develop integrated childhlth care system w/ affil members	MA	501(c)(3)	11 - Type III	N/A		No
(6) New England Congenital Cardiology Research Foundation 300 Longwood Avenue Boston, MA 02115 80-0368043	Improve patient safety & quality for children w/ heart disease	MA	501(c)(3)	7 - 170b1Avi	Children's Hospital Corporation	Yes	
(7) Children's Hospital League Corporation 300 Longwood Avenue Boston, MA 02115 04-2780811	Fundraising	MA	501(c)(3)	7 - 170b1Avi	Children's Hospital Corporation	Yes	
(8) Blood Research Institute Inc CLSB 3rd Floor 3 Blackfan Circle Boston, MA 02115 04-3136318	Owning & Leasing Real Estate	MA	501(c)(3)	Line 11c, III-FI	N/A		No
(9) Beth Israel Hospital and Children's Hospital Medical Corporation 300 Longwood Avenue Boston, MA 02115 04-3200113	Pediatric Health Care, Education & Research	MA	501(c)(3)	Line 11a, I	N/A		No
(10) Dana-FarberChildren's Hospital Cancer Care Inc 450 Brookline Avenue BP418 Boston, MA 02215 04-3554536	Joint program in pediatric oncology	MA	501(c)(3)	Line 11a, I	N/A		No
(11) New England Life Flight Inc Hangar 1727 Hanscom AFB Bedford, MA 01730 22-2582060	Critical Care Transport	MA	501(c)(3)	Line 11a, I			No