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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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) 300 Longwood Avenue
Room/suite

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) 355-6000

G Gross receipts $ 2,062,285,066

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	13,284
6	Total number of volunteers (estimate if necessary)	**6**	1,514
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-4,277,019
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-4,754,718

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	342,539,011	444,270,077
9	Program service revenue (Part VIII, line 2g)	1,245,443,488	1,340,492,453
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,376,694	44,232,111
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,641,844	46,038,894
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,659,001,037	1,875,033,535
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,155,715	4,952,966
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)	831,560,153	884,315,632
16a	Professional fundraising fees (Part IX, column (A), line 11e)	903,252	976,945
b	Total fundraising expenses (Part IX, column (D), line 25) ▶31,135,645		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	761,321,586	856,191,863
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,597,940,706	1,746,437,406
19	Revenue less expenses Subtract line 18 from line 12	61,060,331	128,596,129

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,856,437,562	5,531,469,270
21	Total liabilities (Part X, line 26)	1,677,206,033	1,963,620,459
22	Net assets or fund balances Subtract line 21 from line 20	3,179,231,529	3,567,848,811

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-08-08

Doug 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
Jeanne M Schuster	Jeanne M Schuster			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 and research enterprise 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 rare and complex conditions BCH's vision is to advance pediatric care and research--both in our local neighborhoods and worldwide-through a commitment to innovation, science-based care and quality improvement All of our activities are driven by four interwoven missions providing access to safe, high quality, compassionate and innovative clinical care to children, 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 environment

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 $ 1,110,870,003 including grants of $ 4,952,966) (Revenue $ 1,319,375,356)
See Additional Data

4b (Code) (Expenses $ 366,045,138 including grants of $ 0) (Revenue $ 0)
See Additional Data

4c (Code) (Expenses $ 37,501,269 including grants of $ 0) (Revenue $ 21,117,097)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 10,561,848 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses ▶** 1,524,978,258

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

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

			Yes	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	
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**	Yes	
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**	1,832		
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**	13,284		
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	24		
	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	21		
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?				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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			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?			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?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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*				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) 355-6000

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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								15,338,703	0	1,002,401

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 ▶ 2,036

			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
Suffolk Construction 65 Allerton Street Boston, MA 02119	Construction Services	20,167,555
Turner Construction Company Two Seaport Lane Boston, MA 02210	Construction Services	19,800,403
Shepley Bulfinch Two Seaport Lane Boston, MA 02210	Architectural Services	18,231,848
G Greene Construction Company 240 Lincoln Street Boston, MA 02134	Construction Services	15,024,378
The Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	Healthcare/Research Services	11,752,176

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 ▶ 256

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	1a 22,704				
b Membership dues	1b				
c Fundraising events	1c 5,669,286				
d Related organizations	1d				
e Government grants (contributions)	1e 214,146,883				
f All other contributions, gifts, grants, and similar amounts not included above	1f 224,431,204				
g Noncash contributions included in lines 1a-1f $ 18,487,957					
h **Total.** Add lines 1a-1f		444,270,077			
Program Service Revenue	Business Code				
2a Patient Svc Revenue	621110	1,262,819,984	1,262,819,984		
b Prog Svc Grants	621110	44,376,931	44,376,931		
c Graduate Medical Educa	611710	21,117,097	21,117,097		
d Prof Svc Revenue	621110	11,738,941	11,738,941		
e Lab Revenue	621500	439,500		439,500	
f All other program service revenue					
g **Total.** Add lines 2a–2f		1,340,492,453			
3 Investment income (including dividends, interest, and other similar amounts)		5,658,366		-1,480,484	7,138,850
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		3,958,706			3,958,706
	(i) Real / (ii) Personal				
6a Gross rents	21,227,600				
b Less rental expenses	9,584,230				
c Rental income or (loss)	11,643,370				
d Net rental income or (loss)		11,643,370		-3,236,035	14,879,405
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	213,661,281 / 415,981				
b Less cost or other basis and sales expenses	175,503,517 / 0				
c Gain or (loss)	38,157,764 / 415,981				
d Net gain or (loss)		38,573,745			38,573,745
Other Revenue 8a Gross income from fundraising events (not including $ 5,669,286 of contributions reported on line 1c) See Part IV, line 18	a 2,175,937				
b Less direct expenses	b 2,163,784				
c Net income or (loss) from fundraising events		12,153			12,153
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	16,342,032			16,342,032
b Cafeteria Sales	722210	7,094,389			7,094,389
c Parking Revenue	812930	6,988,244			6,988,244
d All other revenue					
e **Total.** Add lines 11a–11d		30,424,665			
12 Total revenue. See Instructions		1,875,033,535	1,340,052,953	-4,277,019	94,987,524

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,081,037	3,081,037		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,871,929	1,871,929		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,026,379		12,026,379	
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	691,701,962	586,897,232	88,726,535	16,078,195
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	44,144,102	42,996,717		1,147,385
9 Other employee benefits	76,828,600	75,082,446		1,746,154
10 Payroll taxes	59,614,589	58,065,098		1,549,491
11 Fees for services (non-employees)				
a Management	6,522,442	1,161,379	5,361,063	
b Legal	5,005,824	2,608,884	2,396,940	
c Accounting	1,787,423	712,815	1,074,608	
d Lobbying	107,492	107,492		
e Professional fundraising services See Part IV, line 17	976,945			976,945
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)	184,183,202	142,648,498	40,293,251	1,241,453
12 Advertising and promotion	3,554,737	2,806,781	742,473	5,483
13 Office expenses	93,206,137	73,658,900	13,987,636	5,559,601
14 Information technology	26,010,887	4,037,816	21,628,482	344,589
15 Royalties . .				
16 Occupancy	97,461,380	96,146,056		1,315,324
17 Travel	6,176,133	5,131,079	940,822	104,232
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,416,727	1,021,234	335,192	60,301
20 Interest	40,591,665	40,591,665		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	118,915,634	117,909,142		1,006,492
23 Insurance . . .	7,874,094	6,021,188	1,852,906	
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	189,011,721	188,209,123	802,598	
b Uncollectible Accts	43,240,072	43,240,072		
c Asset Disposition Costs	13,727,797	13,573,179	154,618	
d Uncompensated Care	10,787,203	10,787,203		
e All other expenses	6,611,293	6,611,293		
25 **Total functional expenses.** Add lines 1 through 24e	1,746,437,406	1,524,978,258	190,323,503	31,135,645
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		482,144	2	555,487
	3	Pledges and grants receivable, net		171,179,592	3	249,635,384
	4	Accounts receivable, net		242,250,110	4	274,198,901
	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		21,651,265	8	25,433,859
	9	Prepaid expenses and deferred charges		15,249,170	9	28,494,947
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,761,030,588			
	b	Less accumulated depreciation	10b 1,647,755,153	1,077,779,380	10c	1,113,275,435
	11	Investments—publicly traded securities		175,491,262	11	188,506,751
	12	Investments—other securities See Part IV, line 11		991,471,487	12	1,077,697,645
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,160,883,152	15	2,573,670,861
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,856,437,562	16	5,531,469,270
Liabilities	17	Accounts payable and accrued expenses		224,949,350	17	251,571,179
	18	Grants payable			18	
	19	Deferred revenue		99,802,007	19	109,685,487
	20	Tax-exempt bond liabilities		862,157,515	20	861,592,970
	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		38,235,293	23	384,673,044
	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		452,061,868	25	356,097,779
	26	**Total liabilities.** Add lines 17 through 25		1,677,206,033	26	1,963,620,459
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		1,817,654,228	27	2,013,295,842
	28	Temporarily restricted net assets		630,894,928	28	780,538,938
	29	Permanently restricted net assets		730,682,373	29	774,014,031
		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		3,179,231,529	33	3,567,848,811
	34	Total liabilities and net assets/fund balances		4,856,437,562	34	5,531,469,270

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	1,875,033,535
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,746,437,406
3	Revenue less expenses Subtract line 2 from line 1	3	128,596,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,179,231,529
5	Net unrealized gains (losses) on investments	5	126,486,513
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,544,001
9	Other changes in net assets or fund balances (explain in Schedule O)	9	130,990,639
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,567,848,811

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 (2016)

Form 990, Part III, Line 4a:

CLINICAL CARE 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) & 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 & support staff Our team has a deep commitment to setting the bar for quality & safety & exceeding the expectations of our patients & their families for service, undertaking significant investments in each of these areas Annually, BCH sees 24,372 bedded cases at our main campus, 970 bedded cases at our satellites and 622,131 combined outpatients at main campus & satellites, 32,784 patients in our community health clinic Of the bedded cases, more than 16 8% (CMI > 2 00) can be qualified as clinically complex Of these patients, approximately 33% (patients on Medicaid/Medicare) are considered low income BCH 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 25% of our inpatients are transferred from hospitals & medical centers across Massachusetts for care that no one else can provide BCH 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 BCH also provides clinical care for the largest number of uninsured children in the state, total free care & losses from Medicaid in FY2017 were approximately $109 million Increasingly, we have been able to care for & improve life & health outcomes for medically complex children, many with conditions such as congenital heart conditions, childhood cancers & complex neurological & neurosurgical conditions Our capabilities are accelerating rapidly as we develop new clinical & surgical approaches including gene therapies, stem cell transplant procedures, fetal surgical interventions, and the like BCH is at the absolute forefront nationally in these & many other areas As a result, we have seen significant growth in the number of complex patients served-patients who stay longer, require more resources (such as intensive care unit-level care), use a broader range of interdisciplinary specialists, and frequently require substantial support for their whole family Some of them travel great distances, but equally many are from here in Massachusetts We've attempted to manage these trends by delivering care in lower cost settings including community hospitals that we help support, and by transitioning inpatient care to multi-specialty outpatient settings where possible We've built care teams that work effectively across disciplines We've strived to create a more welcoming and family-centered environment for children & families on the Longwood campus We need to do more Recognizing the difficulties that community-based hospitals face in providing specialized pediatric care (which requires significant investments in staff, equipment & training), BCH has formed partnerships with 5 community hospitals throughout eastern Massachusetts, including Beverly Hospital, Winchester Hospital & South Shore Hospital Additionally, our physicians see patients at Massachusetts General 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 & outpatient specialty services for children BCH also operates satellite facilities in Lexington, North Dartmouth, Peabody & Waltham where we offer specialized care in cardiology, gastroenterology, neurology, respiratory diseases, diabetes, orthopedic surgery, urology, behavioral health and other specialties, as well as Martha Eliot Health Center, our community health center in Jamaica Plain In addition, our physicians offer outpatient services at our Physician Office Locations in Brockton, Milford, Norwood & Weymouth In addition, our BCH Physicians partnership is a multi-specialty, pediatric practice with strong medical & academic roots, whose more than 276 physicians serve families in 57 locations throughout New York's Metropolitan Area, the Hudson Valley, Connecticut and New Jersey Each year, BCH improves the quality of the clinical care it provides by recruiting talented staff, investing in cutting-edge equipment & technology, undertaking safety & quality initiatives, supporting community health programs & ensuring that our facilities make the care process easier & more comfortable for all the patients & families we serve For example Focus on Quality and Safety At BCH, a dedication to quality & patient safety is embedded in everything we do We continuously measure & track our performance in order to improve the care we provide We believe measurement is essential for providing world-class care If we don't track how we're doing, we can't identify areas of care that need improvement And we can't identify high-performing areas that could serve as a model throughout BCH & the health care industry as a whole By closely watching our quality & safety outcomes, we push ourselves to get better every day & raise the standard of care everywhere We are committed to transparency in our efforts to constantly improve quality & safety, and clinical departments at BCH publish information on both in their own sections of our website We value the insights of parents, patients & families when it comes to quality & safety Parents know their child best, and they often have excellent ideas about how care can be improved Adult family members, and children who are old enough, are encouraged to voice their observations, opinions or concerns to members of the care team Doctors, nurses, researchers & administrators throughout BCH are continually exploring new ways of improving the quality of care we provide Whenever possible, we share our successes & breakthroughs with the wider world, so that other health care professionals can learn from our experience and join us in raising the standard of care for children everywhere In addition, BCH is engaged in an ongoing enterprise-wide commitment, extending to all staff as well as patients and families, to be a High Reliability Organization, one where ZERO preventable harm will occur to any patient, family member or team member In FY17, we achieved a significant goal in our work to become a High Reliability Organization, when 100% of our BoCH team members completed Error Prevention Training Recognizing the need to sustain these efforts to make every moment matter, Error Prevention Training for New Hires began in May 2017 Error Prevention Training is now included in New Hire Orientation for all Employees In 2017, BCH began to post weekly updates of the High Reliability metrics of days since its' last Serious Safety Event (SSE) and Employee Serious Safety Event (ESSE) Foster innovation Through the creation of the Innovation and Digital Health Accelerator, BCH reinforces a commitment to, and investment in pediatric innovation We are combining our data, clinical expertise, and health care technology development experience, with leading worldwide industry partners - including start-ups - to transform health care We work to surface, support and accelerate BCH's innovations for the purpose of improving pediatric care Today, there is a new level of investment & urgency behind accelerating innovations & expanding our reach globally The acceleration process sources innovative ideas from industry and within BCH to vet & develop high-priority market competitive solutions with scalable impact Leveraging extensive business & technical capabilities, Innovation Digital Health Accelerator identifies viable commercialization pathways for prioritized innovations, including digital health, medical devices, diagnostic technologies & care process innovations The team then provides the resources, including grant funding, oversight & momentum to accelerate development & commercialization The Accelerator provides multiple resources for BCH's employees, as well as industry startups, including - The Innovator's Roadmap - A Commercialization Roadmap meant to help clarify the commercialization process and guide innovators towards helpful resources - Accelerator Grant Program - Every year, up to $250,000 in aggregate funding and software development time is available for innovative ideas in clinical practice or research with commercial potential - Innovation Office Hours -An open door when it comes to great ideas

Form 990, Part III, Line 4b:

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 $368 million in annual funding-more than any other pediatric hospital-and more than 1 million square feet of research 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 $32 million towards supporting its research activities in 2017 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 - A gene therapy trial to treat cerebral adrenoleukodystrophy (CALD)-a neurodegenerative disease that typically claims young boys' lives within 10 years of diagnosis-has halted the disease's progression in 88 percent of patients - New research suggests that genetic mutations to an "epithelial sodium pathway" could protect against cystic fibrosis and its debilitating effects on the lungs - A 30-minute mobile screening app could allow dyslexia "checkups" at age 4 or 5 during well visits, based on research-proven tests - A gene therapy known as CAR T-cell therapy to treat pediatric acute lymphoblastic leukemia (ALL) - A study of chronic inflammation caused by lupus revealed a potential drug that could protect the brain from inflammation caused by central nervous system (CNS) diseases, infection and maybe even everyday stress - A robotic sleeve that can help hearts pump when they are failing The sleeve-made of material that mimics heart muscle-hugs the outside of the heart and squeezes it, mimicking the action of cardiac muscle

Form 990, Part III, Line 4c:

TEACHING Over the course of the year, 480 residents, clinical fellows and interns came to Boston Children's from around the world 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 roughly 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 and Pediatric Otolaryngology The hospital also has the largest accredited training program in Child Neurology in New England The Pediatric Simulator Program at Boston Children's Hospital is the first hospital-based simulator at a teaching hospital in New England It is accredited by the American Society of Anesthesiologists (ASA), the first pediatric center to be endorsed, and one of only 31 ASA Endorsed Centers Nationwide The simulation suite is a dual-purpose simulation laboratory and procedure room with an adjacent control room and conference room located within a state-of-the-art Medical Surgical Intensive Care Unit 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 13 accredited neurodevelopmental disabilities programs in the country Congenital Cardiac Surgery is one of 11 in the country, Pediatric Transplant Hepatology is one of 7 in the country, and Medical Biochemical Genetics is one of 16 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 19 in the country, and the only one in Massachusetts Our Clinical Informatics training program is one of only 5 pediatrics-based Clinical Informatics training programs in the country, and is the only such program in New England In addition, Boston Children's Hospital is accredited by the Accreditation Council for Continuing Medical Education (ACCME) and designed to provide continuing education for physicians Continuing medical education (CME) is an essential component in Boston Children's continuum of undergraduate, graduate and continuing medical education Boston Children's, through its CME Department, offers many opportunities for health care professionals to continue their professional development education and training Our goal is to assist health care professionals achieve the best medical outcomes for patients and families

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

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

Community More than 25 years ago, Boston Children's Hospital (BCH) 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, BCH 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, promote health equity and improve health outcomes for children BCH 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 (social determinants) that have an impact on health such as an individual's exposure to violence or living in poverty In all its endeavors, BCH 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 needsTo better understand current health needs in our community, BCH conducts a Community Health Needs Assessment (CHNA) every three years The findings inform the direction of the hospital's community mission and the scope of its community health work It also helps to ensure that BCH is utilizing resources and leveraging community partnerships in the most effective way BCH's last assessment was completed in 2016 For the 2016 CHNA, BCH used a participatory, collaborative approach and examined health in its broadest context As part of the CHNA, BCH sought input from its Community Advisory Board members and engaged youth to design, collect and analyze data on youth perceptions of needs and opportunities The assessment process also included synthesizing existing data on social, economic and health indicators in Boston Eight stakeholder interviews and two focus groups with community residents were also conducted to explore perceptions of the community, health and social challenges for children and families, and recommendations for how to address these concerns Additionally, BCH collaborated with other hospitals through the Conference of Boston Teaching Hospitals to gather information on community needs via four focus groups hosted by community coalitions BCH also gathered information on challenges faced by children with special needs and their families by attending a focus group listening session facilitated by Health Care for All Lastly, the CHNA was informed by results from BCH's Determination of Need community engagement process This process, which was guided by an Advisory Group that met in person six times, included conducting seven facilitated open community engagement sessions across the city of Boston Four targeted small group discussions were also held with communities that were under-represented in the larger community sessions Some of the key themes from the CHNA included the impact of poverty on child and community health, issues around stable and affordable housing, concerns about food access and insecurity and the importance of prevention and focus on early childhood Health issues of concern include asthma, obesity and mental/behavioral health More details on all the findings and our process can be found in the complete report and in the Community Health and Benefits Strategic Implementation Plan The report and plan are available on the hospital's web site, Bostonchildrens org/community A formal and comprehensive needs assessment is only one part of BCH's approach to understanding the complex health needs and vital resources within the community BCH is continually listening and learning from patient families, community leaders and staff The staff rely on ongoing conversations with BCH'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, BCH 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 BCH'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 Strategic Implementation Plan Serving as a safety netBCH 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 children in Massachusetts and it provides care unavailable elsewhere in the state and sometimes the nation BCH 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 BCH 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 leaderBCH has identified four priority health area-asthma, obesity, mental/behavioral health and early childhood/child development-and has a programmatic response to each Community programs are focused where BCH has the clinical expertise, resources and partnerships to make a difference BCH'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 more than 1,868 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 81%, emergency department visits by 57%, missed schools days by 45% and missed work days for parents/caregivers by 53% - BCH Neighborhood Partnerships Program (BCHNP) is the hospital's community-based behavioral health program CHNP places clinicians in Boston schools and community health centers to provide a comprehensive array of services to better meet the needs of children and adolescents Last year, more than 1,000 students received school-based services The program also provided 1,191 hours of consultation to school staff and families and 26 workshops were held on social, emotional and behavioral health - Fitness in the City (FIC) is a community-based approach to addressing obesity by offering prevention and intervention strategies to support children and youth who are overweight or obese, in making healthier choices and behavior changes FIC supports 11 Boston community health centers to provide almost 1,100 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 their Body Mass Index Participants also 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 children experiencing school-functioning problems and learning delays through BCH's primary care clinic and in two Boston community health centers Last year, 561 children were cared for by the ASK team Supporting and working with community partnersBCH has relationships with an array of community partners who provide a voice for the families and neighborhoods they represent BCH partners help to ensure that the hospital better understands the needs, uniqueness and strengths that lie within each community In addition, BCH has three strategic partners-the Boston Public Schools (BPS), Boston Public Health Commission and community health centers A few examples of accomplishments include

(Code) (Expenses $ 10,561,848 including grants of $ 0) (Revenue $ 0)

- FY17, BCHNP's Training and Access Project (TAP) provided support to 10 schools by providing training and consultation in building sustainable systems in schools to support student behavioral health needs - BCH supports community health centers to 1) build capacity to provide a full range of services to provide an effective medical home for children, 2) provide pediatric services that address the most pressing health issues affecting children, and 3) demonstrate their value through effective assessment and reporting of quality outcomes - Another example is the hospital's asthma population health management efforts working with three community health centers This approach involves * utilizing successful asthma management strategies and clinical best practices* leveraging the local resources of the Community Asthma Initiative and other resources related to reducing environmental asthma triggers * building upon our longstanding work and relationship with the health centers and their populationsAddressing social determinants of healthRecognizing the link between social circumstances and health issues, BCH 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 BCH focuses on providing support at the individual, family and community levels Based on community need and the hospital's expertise, BCH focuses its efforts and partnerships in three areas - Education and schools BCH 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 - Workforce Development BCH 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 BCH's comprehensive workforce development efforts are in partnership with local organizations such as the Fenway Community Development Corporation BCH 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 BCH 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 11 Boston community health centers BCH also has relationships with a wide array of community based organizations, which provide a voice for the families and neighborhoods they represent Advocating for children and familiesAs the only freestanding Children's Hospital in Massachusetts, influencing public policy to improve child health is an important aspect of BCH's commitment to community health The hospital is a leading provider of pediatric medical and behavioral services to low-income children across the Commonwealth and is s a critical component of the safety net for children throughout New England and the nation BCH has been an organized force and an influential advocate for health and wellbeing of children for more than 20 years BCH is an effective 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 medical complexity and chronic conditions BCH'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 BCH played an active and vocal role in the development of the groundbreaking payment reform legislation that was signed into law in August 2012 Nationally, BCH is engaged in efforts to preserve Medicaid and the Children's Health Insurance Program, which serve as a 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, BCH (including its BCH 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 A significant success during this year was the inclusion in the Substance Use Treatment, Education, and Prevention Act of a requirement for schools to screen all youth for substance use at two different grade points during their middle to high school careers Current efforts at the state level address access to behavioral health services, diversion from juvenile justice programs, improving mental health in schools, and adolescent substance use prevention In addition, the CMHC is working to address mental health parity compliance (legislative and regulatory) Additionally, BCH works in collaboration with a host of public health and prevention advocates to ensure public policies work to keep children safe and healthy This year, BCH is working to ensure the protection of children and adolescents under the state's new legalized marijuana laws by advocating for appropriate child safety packaging regulation and funding for the Poison Control Center and adolescent substance prevention efforts The hospital also lends expertise in the effort to raise the minimum purchase age for tobacco products 21, create a tiered tax on sugar sweetened beverages, and improve child passenger safety legislation BCH has established the over 5,000 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 hundreds of 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 "Caffeinate and Advocate" forums, which offer hospital staff and community partners a monthly opportunity 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			
Stephen Karp Trustee - Chairman	5 00 5 00	X						0	0	0
Douglas Berthiaume Trustee - Vice Chair	2 00 2 00	X						0	0	0
Allan Bufferd Trustee	1 00 1 00	X						0	0	0
Alex Dimitrief Trustee	1 00 1 00	X						0	0	0
Steve Fishman MD Trustee,ex officio	1 00 1 00	X						0	0	0
Gary Fleisher MD Trustee, ex officio	1 00 1 00	X						0	0	0
Winston Henderson Trustee	1 00 1 00	X						0	0	0
Paul Hickey MD Trustee,ex officio	1 00 1 00	X						0	0	0
James Kasser MD Trustee,ex officio	1 00 1 00	X						0	0	0
Steven Krichmar Trustee	1 00 1 00	X						0	0	0

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			
Robert Langer Trustee	1 00 1 00	X						0	0	0
Harvey Lodish PhD Trustee	1 00 1 00	X						0	0	0
Gary Loveman Trustee	1 00 1 00	X						0	0	0
Sheila Marcelo Trustee	1 00 1 00	X						0	0	0
Ralph C Martin Trustee	1 00 1 00	X						0	0	0
Thomas Melendez Trustee	1 00 1 00	X						0	0	0
Kathleen Regan Trustee	1 00 1 00	X						0	0	0
Robert A Smith Trustee	1 00 1 00	X						0	0	0
Alison Taunton-RigbyPhD Trustee	1 00 1 00	X						0	0	0
Marc B Wolpow Trustee	1 00 1 00	X						0	0	0

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			
Laura J Wood DNP MS RN CNO/Noncomp Trustee	55 00 5 00	X						610,080	0	50,852
Gregory Young MD Trustee, ex officio	1 00 1 00	X						0	0	0
Sandra Fenwick President & CEO, Noncomp Trustee	55 00 6 00	X		X				2,108,086	0	75,935
Kevin Churchwell MD EVP & COO/Noncomp Trustee	55 00 5 00	X		X				1,345,722	0	50,718
Douglas Vanderslice SVP, Treasurer & CFO	55 00 9 00			X				888,757	0	52,745
Bruce Balter Asst Treasurer/Dir Corp Finance	55 00 5 00			X				249,901	0	48,447
Michele Garvin Esq General Counsel & Secretary	55 00 8 00			X				771,000	0	49,144
Chad Cotter Asst Sec/Exec Asst	55 00 5 00			X				111,029	0	26,351
Demosthenes Argys SVP, & Chief Administrative Officer	55 00 5 00				X			700,441	0	50,070
August Cervini VP, Research Administration	55 00 5 00				X			369,564	0	41,885

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			
Michael Gillespie VP, Clinical Services	55 00 5 00				X			450,256	0	32,553
Cynthia Haines SVP, International Services	55 00 5 00				X			570,255	0	44,791
Patricia Hickey PhD MBA RN NEA-BC VP, Cardiovascular Service	55 00 5 00				X			365,092	0	40,360
Lisa Hogarty SVP, RE Planning and Development	55 00 5 00				X			273,822	0	3,901
Daniel Nigrin MD SVP & Chief Information Officer	55 00 5 00				X			797,390	0	45,880
Philip Rotner Chief Investment Officer	55 00 5 00				X			1,066,631	0	53,975
Wendy Warring SVP, Network Development	55 00 5 00				X			639,304	0	41,441
Nader Rifai PhD Director, Chemistry	55 00 0 00					X		659,677	0	50,053
Lynn Susman President, Children's Hospital Trust	55 00 0 00					X		602,660	0	56,808
Orah Platt MD Chief, Lab Medicine	55 00 0 00					X		568,177	0	41,911

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			
Inez Stewart VP, Human Resources	55 00 0 00					X		529,114	0	49,016
Clifford Woolf Director, Neurobiology	55 00 0 00					X		503,935	0	45,110
Stuart Novick Esq Former General Counsel & Secretary	0 00 0 00						X	171,314	0	0
Margaret Coughlin Former SVP & Chief Marketing Officer	0 00 0 00						X	490,112	0	13,549
Charles Weinstein Former VP, RE Planning & Development	0 00 0 00						X	496,384	0	36,906

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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

2016

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	336,637,071	330,383,668	307,902,601	342,539,011	444,270,077	1,761,732,428
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	336,637,071	330,383,668	307,902,601	342,539,011	444,270,077	1,761,732,428
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)						37,134,608
6 **Public support.** Subtract line 5 from line 4						1,724,597,820

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	336,637,071	330,383,668	307,902,601	342,539,011	444,270,077	1,761,732,428
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,951,120	25,521,020	32,931,142	24,495,716	25,976,961	131,875,959
9 Net income from unrelated business activities, whether or not the business is regularly carried on	124,827	262,601	264,130	-270,120	-4,277,019	-3,895,581
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	31,867,110	26,157,674	28,227,656	27,213,103	30,424,665	143,890,208
11 **Total support.** Add lines 7 through 10						2,033,603,014

12 Gross receipts from related activities, etc (see instructions)	12	5,861,377,693

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 2016 (line 6, column (f) divided by line 11, column (f))	14	84 810 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	84 320 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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)

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

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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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

2016

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If the organization answered "Yes" on 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" on 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" on 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-
2				
3				
4				
5				
6				

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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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 on 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		153,121
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		493,637
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			646,758
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 2017, four 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 2017 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 $191,625 - Amy DeLong Registered Lobbyist Children's Hospital personnel $53,813 - Sandra Fenwick Registered Lobbyist Children's Hospital personnel $7,701 - Kathryn Audette Children's Hospital personnel $73,781 - Katherine Ginnis Children's Hospital personnel $22,497 - Jamie Gaynes Children's Hospital personnel $36,728 - Joe Grant Consultant Grant Associates 130 Bowdoin Street - Suite 1706, Boston, MA 02108 $40,000 - Nick Manetto Consultant Faegre BD 1050 K Street NW, Suite 400, Washington, DC 20001 $67,492 Total Lobbyist/Consultant Expenses = $493,637 Expenses Incurred by the Office of Government Relations for Lobbying Activities = $153,121 TOTAL LOBBYING EXPENSES = $646,758 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2016

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" on 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,007,240,000	939,779,000	976,027,000	894,984,000	828,961,000
b Contributions	11,924,000	33,474,000	26,449,000	47,069,000	23,140,000
c Net investment earnings, gains, and losses	152,501,000	77,339,000	-22,205,000	71,647,000	75,015,000
d Grants or scholarships					
e Other expenditures for facilities and programs	36,883,000	43,352,000	40,492,000	37,673,000	32,132,000
f Administrative expenses					
g End of year balance	1,134,782,000	1,007,240,000	939,779,000	976,027,000	894,984,000

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

- a Board designated or quasi-endowment ▶ 59 060 %
- b Permanent endowment ▶ 18 250 %
- c Temporarily restricted endowment ▶ 22 690 %

The percentages on 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" on 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' on 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		1,805,072,689	998,216,004	806,856,685
c Leasehold improvements				
d Equipment		790,343,257	643,905,721	146,437,536
e Other		165,215,294	5,633,428	159,581,866
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,113,275,435

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
(3) Other		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,077,697,645	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) Interest in the Net Assets of Children's Medical Center	2,515,803,594
(2) Expected Insur Recoveries for Prof Liability Claims	36,109,796
(3) Investment in Subsidiaries	2,526,026
(4) CERNER Asset	19,209,049
(5) Other Assets - Miscellaneous	22,396
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	2,573,670,861

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	356,097,779

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' on 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' on 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
See Additional Data Table	

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) 3rd Pty External Administered Trusts	58,654,070	F
(3) Other (A) Abrams Capital	21,807,205	F
(B) AKO European Long-Only Fund	16,992,840	F
(C) Bain Capital Fund IX	1,267,816	F
(D) Bain Capital Fund X	1,935,441	F
(E) Bain Capital Venture Fund 2012	1,672,705	F
(F) Bain Capital Venture Fund 2014	2,881,963	F
(G) Baupost	57,713,937	F
(H) Brookside Capital	950,084	F
(I) CMB Lone Cedar	13,683,259	F

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
(K) Convexity	25,281,615	F
(3)Other		
(A) Crosslink Crossover Fund VI	4,242,637	F
(B) Crosslink Crossover Fund VII	1,233,561	F
(C) Davidson Kempner	51,892,803	F
(D) Deccan Value	22,141,218	F
(E) Dune Real Estate Fund III	3,114,885	F
(F) ECM Feeder Fund I	23,636,795	F
(G) Energy Capital Partners	4,211,461	F
(H) Energy Capital Partners III	2,897,596	F
(I) Fidelity Notes Payable	2,180,956	F

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
(U) Fine Points Capital II	17,891,834	F
(3) Other (A) Flare Capital Partners I	1,444,433	F
(B) Gaoling Feeder, Ltd	14,441,621	F
(C) Golden Gate Capital	12,266,445	F
(D) Highfields Capital	44,036,995	F
(E) Hillhouse Fund III	1,881,854	F
(F) HMI Capital Partners	19,680,146	F
(G) Holdco Opp Fund II	5,727,794	F
(H) ICHIGO Japan Fund B	13,552,386	F
(I) JMC Capital I-B	4,637,418	F

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
(AE) JVL Energy	17,347,238	F
(3) Other (A) King Street	64,253,926	F
(B) Lone Cascade	54,243,597	F
(C) Lone Kauri	4,955,762	F
(D) Lone Savin	4,449,273	F
(E) Lone Star Fund IX	2,509,520	F
(F) Lone Star Fund VIII	1,624,884	F
(G) Loomis Sayles Institutional High Income Fund	5,276,017	F
(H) Loomis Senior Loan Bank Fund	15,515,296	F
(I) Matrix China II	8,522,982	F

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
(AO) Matrix China III	4,674,784	F
(3) Other (A) Matrix China IV	2,031,339	F
(B) Matrix India II	3,864,320	F
(C) Matrix Partners X	1,204,749	F
(D) MIT Private Equity Fund	16,470,873	F
(E) Nalanda	15,484,108	F
(F) Park West Investors Ltd	27,544,338	F
(G) Riverstone	1,137,279	F
(H) Rivulet Capital Offshore Fund, Ltd	19,826,258	F
(I) Sankaty Credit Opport Fund IV	1,715,108	F

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
(AY) Sequoia Capital Global Equities	5,378,658	F
(3)Other (A) Sequoia Capital Global Growth Fund II	1,442,354	F
(B) Sequoia Capital India IV	3,182,033	F
(C) Sequoia Capital India V	1,414,077	F
(D) Sequoia China Growth III	2,935,905	F
(E) Sequoia China Growth IV	1,721,509	F
(F) Sequoia China Venture Fund IV	782,288	F
(G) Sequoia China Venture Fund V	1,240,211	F
(H) Sequoia China Venture Fund VI	412,347	F
(I) Sequoia US Growth Fund VII	954,018	F

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
(BI) Sequoia US Venture Fund XIV	1,487,890	F
(3) Other (A) Sequoia US Venture Fund XV	507,837	F
(B) SequoiaUSGrowFund V	1,474,049	F
(C) SequoiaUSGrowFund VI	2,147,891	F
(D) Somerset	15,762,505	F
(E) SPUR Ventures II	5,690,932	F
(F) Standish Global Core Plus	16,902,323	F
(G) Standish Opportunistic Fund	22,661,821	F
(H) Steadfast	16,393,437	F
(I) Taris Biomedical	3,926	F

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
(BS) Underscore VC	1,117,532	F
(3) Other (A) Walter Scott	44,999,160	F
(B) Wellington - Diversified Hedge	5,349,290	F
(C) Wellington - Emerging Small Cap	17,847,271	F
(D) Wellington - Energy	9,009,582	F
(E) Wellington - Real Asset	15,631,332	F
(F) Wellington EM Opportunities	29,972,571	F
(G) Wellington Spindrift	127,519	F
(H) Wellington Ultra Short Duration	75,218,796	F
(I) Wellington Unconstrained Core Fixed Income	28,980,874	F

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
(CC) Westbrook IX	2,087,020	F
(3)Other (A) Westbrook X	865,520	F
(B) Bain Capital Distressed & Special Situations	6,484,502	F
(C) Circulation, Inc	45,459	F
(D) Costanoa Ventures III, LP	144,835	F
(E) Deerfield Partners, LP	8,359,751	F
(F) Deerfield Private Design Fund IV	539,135	F
(G) Deerfield Special Situations Fund	1,396,000	F
(H) JMC Platform Fund II-B	3,884	F
(I) Maveron Equity Partners VI	416,177	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	19,387,832
Estimated Insured Professional Liability Losses	36,109,796
Salary & Other Benefits	2,279,881
Funds Held for Others	34,530,834
Reserve for Medical Malpractice	5,220,565
Other Liabilities - Miscellaneous	11,254,259
Lease Obligations	23,663,673
Interest Rate Swap Liability	135,242,447
Accrued Pension Cost	67,689,158
Cerner Contra Asset	20,719,334

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The Children's Hospital's investment and spending policies for endowment assets are intend ed 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 -$25,000 and Contributi ons of $11,949,000

Supplemental Information

Return Reference	Explanation
Part X, Line 2	There is no FIN48/ASC740 footnote in the organization's audited financial statements

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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. ► See separate instructions.

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

OMB No 1545-0047

2016

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			1,125,443
b Total from continuation sheets to Part I	0	0			376,257,291
c **Totals** (add lines 3a and 3b)	0	0			377,382,734

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 separately 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)*	☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ 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).

Return Reference	Explanation
Part I, Line 2	Children's Hospital's employees may travel outside the United States to support its missions 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 which 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 - Ensuring compliance with all BCH travel policy and procedures, and applicable sponsor guidelines in the case of grant-sponsored activities, including timeliness and proper documentation requirements - Maintaining supporting documentation of travel activity and expenses for proper record keeping and auditing purposes - Assuring that proper authorization signatures are documented on the TER form with the understanding that unauthorized expenses and/or personal expenses will not be reimbursed to the traveler In general, the ordinary and necessary expenses incurred while traveling on hospital business are reimbursable upon presentation and authorization of a completed TER form with original receipts as supporting documentation Reimbursable expenses include transportation, hotel/lodging, meals and other reasonable expenses incidental to travel Personal expenses are not reimbursable

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	45,002
East Asia & The Pacific	0	0	Program Services	Patient Care, Research & Education	140,623
Europe	0	0	Program Services	Patient Care, Research & Education	507,243

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	39,711
North America	0	0	Program Services	Patient Care, Research & Education	138,984
South America	0	0	Program Services	Patient Care, Research & Education	35,990

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	38,172
Sub-Saharan Africa	0	0	Program Services	Patient Care, Research & Education	179,718
Central America & the Caribbean	0	0	Investment		351,727,425

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		23,944,538
Central America & the Caribbean	0	0	Insurance		575,532
Russia & the Newly Independent States -	0	0	Program Service	Patient Care, Research & Education	9,796

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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" on 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

2016

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" on 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	(iii) 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	952,820	302,933	649,887
2	M&R Strategic Services 1901 L Street Washington, DC 20036	Fundraising Counsel		No	630,123	142,809	487,314
3	Bentz Whaley Flessner 7251 Ohms Lane Minneapolis, MN 55439	Counsel/Reports		No	0	177,648	-177,648
4	Artsmarketing Services Inc 260 King Street East Ste 500 Toronto, Ontario CA	Call Center Mrkt		No	0	17,173	-17,173
5	Connelly Partners LLC 46 Waltham Street Boston, MA 02118	Fundraising Counsel		No	0	60,063	-60,063
6	ESP Properties LLC 350 North Orleans Suite 1200 Chicago, IL 60654	Fundraising Counsel		No	0	52,480	-52,480
7	The Offord Group 1501-44 Victoria Street Toronto, Ontario CA	Fundraising Counsel		No	0	26,499	-26,499
8	Gift Strategies LLC 1539 Fall River Avenue Seekonk, MA 02771	Fundraising Counsel		No	0	131,340	-131,340
9	Advizor Solutions Inc 1333 Butterfield Road Suite 280 Downers Grove, IL 60515	Fundraising Counsel		No	0	46,000	-46,000
10	The Pursuant Group Inc PO Box 203421 Dallas, TX 75320	Fundraising Counsel		No	0	20,000	-20,000
Total		▶			1,582,943	976,945	605,998

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" on 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.

Revenue / Direct Expenses		(a) Event #1 Dinner/Auction (event type)	(b) Event #2 Investment Conference (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	4,502,100	2,231,874	1,111,249	7,845,223
	2 Less Contributions	3,825,313	920,050	923,923	5,669,286
	3 Gross income (line 1 minus line 2)	676,787	1,311,824	187,326	2,175,937
Direct Expenses	4 Cash prizes	0	0	0	
	5 Noncash prizes	0	0	0	
	6 Rent/facility costs	0	19,162	16,500	35,662
	7 Food and beverages	254,712	106,559	143,154	504,425
	8 Entertainment	300,000	0	16,700	316,700
	9 Other direct expenses	752,389	225,797	328,811	1,306,997
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				2,163,784
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				12,153

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

Revenue / Direct Expenses		(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 Noncash 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 activity 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 ▶ Doug Vanderslice SVP of Finance

Address ▶ 300 Longwood Avenue
Boston, MA 02115

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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2016

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	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
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)			23,761,576	15,168,453	8,593,123	0 500 %
b Medicaid (from Worksheet 3, column a)			330,007,811	220,687,616	109,320,195	6 420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			353,769,387	235,856,069	117,913,318	6 920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,184,074	266,756	5,917,318	0 350 %
f Health professions education (from Worksheet 5)			37,501,269	6,454,230	31,047,039	1 820 %
g Subsidized health services (from Worksheet 6)			28,131,073	24,148,410	3,982,663	0 230 %
h Research (from Worksheet 7)			366,045,138	356,892,076	9,153,062	0 540 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,918,000		1,918,000	0 110 %
j **Total.** Other Benefits			439,779,554	387,761,472	52,018,082	3 050 %
k **Total.** Add lines 7d and 7j			793,548,941	623,617,541	169,931,400	9 970 %

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	40		1,985,863		1,985,863	0 120 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	8		740,667		740,667	0 040 %
8 Workforce development						
9 Other						
10 Total	48		2,726,530		2,726,530	0 160 %

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 10,861,662			
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			
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	11,373,352
6	Enter Medicare allowable costs of care relating to payments on line 5	6	10,476,468
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	896,884
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)	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	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
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	
6 a	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 15			
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		
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Boston Children's Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	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 400 000000000000 %			
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	Was widely publicized 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) www childrenshospital org/financialassistance			
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) www childrenshospital org/financialassistance			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Boston Children's Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized 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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Boston Children's Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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, 16j, 18e, 19e, 20e, 21c, 21d, 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 Add'l Data	

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	1 - Boston Children's at Waltham 9 Hope Ave Waltham, MA 02453	Outpatient Satellite Facility
2	2 - Boston Children's at Lexington 482 Bedford Street Lexington, MA 02173	Outpatient Satellite Facility
3	3 - Martha Eliot Health Center 75 Bickford Street Boston, MA 02130	Outpatient Community Health Center
4	4 - Boston Children's at Peabody 1 Essex Center Drive Peabody, MA 01960	Outpatient Satellite Facility
5	5 - Boston Children's at North Dartmouth 500 Faunce Corner Road North Dartmouth, MA 02747	Outpatient Satellite Facility
6	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

990 Schedule H, Supplemental Information

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 and discounted 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	The total bad debt expense of $43,240,072 is included in Form 990, Part IX, line 25 column (A), but subtracted for purposes of calculating the percentage in this column

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	In FY17, Children's reported two types of community building activities $1,985,863 for 40 community support programs and $740,667 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

990 Schedule H, Supplemental Information

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 uncollectible accounnts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Accounts receivable are reduced by an allowance for uncollectible 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 are also available to patients upon request and on the Hospital's website

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 512 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
501(r) Reporting under IRS Revenue Procedure 2015-21	Effective October 1, 2016, Boston Children's Hospital (BCH) had in place a Financial Assis tance Policy, Credit & Collections Policy, Plain Language Summary and Community Health Nee ds Assessment that was believed to be in compliance with IRC Section 501(r) After these d ocuments were put into place, a review of BCH's 501(r) compliance was undertaken by outsid e counsel in July of 2017 As a result of said review, a number of apparent omissions, err ors and other failures to meet requirements, as described below, were discovered in July o f 2017 BCH promptly took steps to correct these omissions, errors and failures, as descri bed below, and the resulting updated policies were approved by the BCH Board of Trustees o n December 18, 2017 Community Health Needs Assessment "CHNA" - Through a compliance review in July of 2017, BCH discovered that it had failed to solicit and take into account writt en comments on its most recent CHNA because it had mistakenly understood that its solicita tion of oral comments was sufficient to meet requirements under IRC Section 501(r) In Aug ust 2017, BCH began soliciting written comments with respect to its most recent CHNA and t he related implementation plan through a statement and email address on the website where the CHNA is posted BCH will take into account such written comments received, if any, wit h regard to the most recent CHNA and the related implementation strategy in its next CHNA The responsible parties at BCH have been made aware of the obligation to solicit written comments, which will minimize the likelihood of this type of failure recurring Financial A ssistance Policy "FAP"- Through a compliance review in July of 2017, BCH discovered that w hen the FAP was originally approved by the Board in September of 2016, BCH did not have a FAP application form In March 2017, BCH began using a FAP application form in determining eligibility for financial assistance Due to an administrative oversight at such time, BC H did not immediately update the FAP to reflect the creation of the FAP application form BCH subsequently revised the FAP to describe how an individual applies for financial assis tance under the FAP, including instructions with regard to the FAP application form, and s uch revision was approved by the BCH Board of Trustees on December 17, 2017 - Through a co mpliance review in July of 2017, BCH discovered that the FAP that was originally approved by the Board in September of 2016 did not include the contact information for a department that can provide information or assistance about the FAP or FAP application process The contact information was provided in a different section of the FAP and BCH believed the in clusion of the contact information in the other section of the FAP would satisfy the above mentioned requirement On the advice of outside counsel, BCH revised the FAP to include t he contact information, including telephone number and physical location, of the departmen t that can provide information about the FAP and that can provide assistance with the FAP application process, and such revision was approved by the BCH Board of Trustees on Decemb er 17, 2017 - Through a compliance review in July of 2017, BCH discovered that the FAP tha t was originally approved by the Board in September of 2016 only included the phone number for how an individual could obtain a copy of BCH's separate Credit and Collection Policy BCH revised the FAP to include the web address, physical location and phone number to req uest the document by mail Language was also added to indicate that the Credit and Collect ion policy was available free of charge and that translations are available to individuals with limited English proficiency Such revision was approved by the BCH Board of Trustees on December 17, 2017 - BCH does not believe that any individuals have been adversely affe cted as result of this oversight since the contact information of the department able to p rovide information about the FAP and able to assist with the FAP application process was c ontained within another section of the FAP - Updating the FAP addressed the failure to com ply with requirements, so no additional practices or procedures were necessary to minimize the likelihood of such failures recurring Plain Language Summary- The plain language sum mary that was effective October 1, 2016 did not include a brief summary of how to apply fo r assistance under the FAP as a result of an administrative oversight The plain language summary was revised to include said summary, and such revision was approved by the BCH Boa rd of Trustees on December 17, 2017 - The plain language summary of the FAP that was effec tive October 1, 2016 did not include a statement of the availability of translations of th e FAP, FAP application form and plain language summary of the FAP in other languages as a result of an administrative oversight The plain language was revised to include said stat ement, and such revision was approved by the BCH B

Form and Line Reference	Explanation
501(r) Reporting under IRS Revenue Procedure 2015-21	oard of Trustees on December 17, 2017 - BCH is unaware of any individuals being adversely affected as a result of this omission and believes there were no individuals adversely aff ected because BCH provides any individual with limited English proficiency access to an in terpreter to assist in any financial assistance matters - Updating the plain language summ ary of the FAP addressed the failure to comply with requirements, so no additional practic es or procedures were necessary to minimize the likelihood of such failures recurring Pub licizing the FAP - Through a compliance review in July of 2017, BCH discovered that it may not have sufficiently publicized the existence of the FAP as a result of an administrativ e oversight Since July of 2017, BCH has notified and informed members of the community se rved by the Hospital Facility about the FAP in a manner reasonably calculated to reach tho se members who are most likely to require financial assistance from the Hospital Facility On December 12, 2017, BCH hosted an educational presentation at Martha Elliott Health Cen ter In addition to the presentation, BCH has provided written material regarding the avai lability of financial assistance - Through a compliance review in July of 2017, BCH disco vered that it had not provided the appropriate translations of the FAP, the FAP applicatio n form and the plain language summary of the FAP because it had misunderstood the requirem ents around the population to be affected or encountered by the Hospital with limited Engl ish proficiency In July and August of 2017, BCH reviewed the methodology for determining the required translations to be made and translated the FAP, FAP application form and plai n language summary of the FAP in several additional languages and posted copies of all tra nslations on its website - Through a compliance review in July of 2017, BCH discovered tha t it did not have a copy of the FAP application form posted on its website as a result of an administrative oversight In December 2017, BCH corrected this omission by conspicuousl y posting a complete and current version of the FAP application form on its website - BCH is not aware of any individuals affected by these omissions and believes there were no ind ividuals adversely affected because any individual applying for financial assistance or ex pressing concern regarding ability to pay was provided with financial counseling and made aware of the availability of financial assistance and the process for applying for financi al assistance - The parties at BCH responsible for publicizing the FAP have been made awar e of the obligations to notify and inform members of the community served by the hospital facility about the FAP in a manner reasonably calculated to reach those members who are mo st likely to require financial assistance, which will minimize the likelihood of this type of failure recurring In addition, BCH is continuing to engage with Community Health Cent ers in Boston to develop additional opportunities to better inform the community served of the availability of financial assistance - Updating the document translations and posting all the information discussed above on the BCH website addressed the failure to comply wi th requirements, so no additional practices or procedures were necessary to minimize the l ikelihood of such failures recurring BCH will conduct similar periodic reviews of its 501(r) policies and operational elements to monitor compliance and identify and mitigate futur e compliance gaps

Additional Data

Software ID:

Software Version:

EIN: 04-2774441

Name: Children's Hospital Corporation

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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**
1	Boston Children's Hospital 300 Longwood Avenue Boston, MA 02115 www childrenshospital org MA LICENSE #2139	X	X	X	X		X	X			

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Boston Children's Hospital	Part V, Section B, Line 5 For the 2016 CHNA, Boston Children's Hospital used a participatory, collaborative approach and examined health in its broadest context As part of the CHNA, Boston Children's sought input from its Community Advisory Board (CAB) members and engaged youth to design, collect and analyze data on youth perceptions of needs and opportunities The assessment process also included synthesizing existing data on social, economic, and health indicators in Boston Eight stakeholder interviews and two focus groups with community residents were also conducted to explore perceptions of the community, health and social challenges for children and families, and recommendations for how to address these concerns Additionally, Boston Children's collaborated with other hospitals through the Conference of Boston Teaching Hospitals to gather information on community needs via four focus groups hosted by community coalitions Boston Children's also gathered information on challenges faced by children with special needs and their families by attending a focus group listening session facilitated by Health Care for All Lastly, the CHNA was informed by results from Boston Children's Determination of Need community engagement process This process, which was guided by an Advisory Group that met in person six times, included conducting seven facilitated open community engagement sessions across the city of Boston Four targeted small group discussions were also held with communities that were under-represented in the larger community sessions 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 the hospital'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 CAB, which meets on a quarterly basis, Boston Children's has a direct link to expertise on Boston neighborhoods, community organizations and current health needs The CAB is instrumental in providing feedback throughout the year and in the development and execution of Boston Children's formal assessment process

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Boston Children's Hospital	Part V, Section B, Line 7d A comprehensive report on Boston Children's CHNA is available on the hospital's website In addition, a special report on the CHNA was created to share the process, top findings and Boston Children's plan to address community-identified concerns The special report was distributed by mail and by email to key stakeholders and all external participants involved in the community process Boston Children's also distributed the report widely to internal staff The complete assessment and special report can be found on our website at Bostonchildrens org/community

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Boston Children's Hospital	Part V, Section B, Line 11 Boston Children's addresses the health and social needs identified in a comprehensive community health assessment process through our clinical care, services and programs and in collaboration with community partners Below is a summary of the needs identified and Boston Children's efforts For the complete Community Health and Benefits Plan, visit bostonchildrens org/community Behavioral health and issues related to substance abuse- Offering training and education for school and health center staff- Providing education and direct services in schools and community health locations for children and families- Advocating for changes to improve systems of careAsthma management, education and treatment- 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 careObesity with a focus on healthy eating and access to physical fitness opportunities- Offering prevention and treatment efforts- Supporting children and families and connecting them to community resources - Building capacity in community settings to help children improve nutrition and increase physical activityImpact of violence and trauma on children, families and communities- Utilizing clinical expertise to provide prevention, treatment and advocacy services- Supporting efforts to help children and families affected by violenceSupport for early childhood/child development- Building community capacity to identify and help children and families with behavioral health concerns- 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 servicesPrograms and opportunities for youth including workforce development efforts- Continuing support for programming related to youth-identified needs and interests- Working with partners to provide education support and recreation for youthHealth education for children and families- 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 communityOther issues that affect the health of children and families such as housing, jobs, food and safety- Supporting, funding and working closely with partners and coalitions working on these issues

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Boston Children's Hospital	Part V, Section B, Line 16j Children's takes the following additional 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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Part V, Sec B, Reporting under IRS Revenue Procedure 2015-21 (Continued)	Emergency Medical Care Policy- BCH believes that its Medical Staff Executive Committee had adopted an emergency medical care policy sometime in 2012 Through a compliance review in July of 2017, BCH discovered that it was unable to locate a record of such adoption, whic h is believed to result from an administrative filing error On July 11, 2017, the BCH Med ical Staff Executive Committee ratified and affirmed the prior adoption of its Emergency M edical Treatment and Labor Act Policy and approved updates thereto - Through a compliance review in July of 2017, BCH discovered that its Emergency Medical Treatment and Labor Act Policy failed to include a statement prohibiting the Hospital Facility from engaging in ac tions that discourage individuals from seeking emergency medical care On July 11, 2017, B CH revised the policy to include said statement, and such revision was approved by the Med ical Staff Executive Committee - Updating the policy addressed the failure to comply with requirements, so no additional practices or procedures were necessary to minimize the like lihood of such failures recurring Billing & Collection Policy - Through a compliance rev iew in July of 2017, BCH discovered that while the Board of Trustees had been briefed on t he credit and collection policy in September 2016, the minutes of such meeting were ambigu ous regarding whether or not such policy had been formally adopted - Through a compliance review in July of 2017, BCH discovered that its credit and collection policy may not have been available in translated versions and may not have sufficiently described the office, department, committee or other body with final authority or responsibility for determinin g that the Hospital Facility has made reasonable efforts to determine whether an individua l is FAP-eligible and may therefore engage in an extraordinary collection action ("ECA") a gainst the individual as a result of an administrative oversight On December 17, 2017, th e BCH Board of Trustees adopted a revised credit and collection policy that describes the office, department, committee or other body with final authority or responsibility for det ermining that the Hospital Facility has made reasonable efforts to determine whether an in dividual is FAP-eligible and may therefore engage in an extraordinary collection action (" ECA") against the individual Promptly thereafter, BCH made available translations of the billing and collections policy for each limited English proficiency group that constitutes the lesser of 1,000 individuals or 5 percent of the community served by BCH or the popula tion likely to be affected or encountered by BCH - BCH is unaware of any individuals bein g adversely affected as a result of this omission and believes there were no individuals a dversely affected because BCH provides any individual with limited English proficiency acc ess to an interpreter to assist with any collections questions that may arise - Updating t he credit and collections poli

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Part V, Sec B, Reporting under IRS Revenue Procedure 2015-21 (Continued)	cy as described above and posting the necessary translations on the BCH website addressed the failure to comply with requirements, so no additional practices or procedures were nec essary to minimize the likelihood of such failures recurring

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227009088

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," on 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

2016

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" on 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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 62

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 Sibylla Orth Young Scholarship is available to employees and their immediate families who have worked at least six months and meet income and grade point average guidelines as well as demonstration of sincere commitment to the healthcare profession Priority will be given to those pursuing careers in healthcare positions experiencing labor shortages (e g , radiographer, pharmacy technician, clinical lab technician, nursing) Sibylla Orth Young Scholarship applications are reviewed and maintained by the Office of Learning and Development selection committee 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 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 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)	104,812				Community Partnership
Boston Public Health Commission 1010 Massachusetts Ave Boston, MA 02118	04-3316655	115	505,000				Community Partnership

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

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Boston Public Schools 26 Court St 6th Fl Boston, MA 02108	22-2514422	115	52,500				Community Partnership
Bowdoin Street Health Center Inc 230 Bowdoin Street Boston, MA 02122	04-2529788	501(c)(3)	100,000				Support of 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 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
Community Catalyst Inc 30 Winter Street 10th Floor Boston, MA 02108	04-3355127	501(c)(3)	65,000				Advocacy Support
The Dimock Center 55 Dimock Street Roxbury, MA 02119	04-3487835	501(c)(3)	116,000				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 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
Fenway Community Development Corporation 73 Hemenway Street Boston, MA 02115	04-2666507	501(c)(3)	52,500				Community Partnership
Project RIGHT 320 A Blue Hill Avenue Dorchester, MA 02121	04-3265420	501(c)(3)	50,000				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 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
Community Service Care Inc 295 Center Street Jamaica Plain, MA 02130	04-2754281	501(c)(3)	75,000				Community Partnership - JP Coalition
Mattapan Community Health Center 1425 Blue Hill Ave Mattapan, MA 02426	04-2544151	501(c)(3)	82,500				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 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
YMCA of Greater Boston inc 316 Huntington Avenue Boston, MA 02115	04-2103551	501(c)(3)	37,500				Community Partnership - Roxbury YMCA
Sociedad Latina Inc 1530 Tremont Street Roxbury, MA 02120	04-2678255	501(c)(3)	136,000				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 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 Inc 145 South Street Boston, MA 02111	04-2501818	501(c)(3)	105,000				Support of the Community Health Center
South End Community Health Center Inc 1601 Washington Street Boston, MA 02118	04-2456134	501(c)(3)	157,500				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 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
Upham's Corner Community Center Inc 500 Columbia Road Dorchester, MA 02125	04-2708670	501(c)(3)	70,000				Support of the Community Health Center
Whittier Street Health Center Committee Inc 1125 Tremont Street Roxbury, MA 02120	04-2619517	501(c)(3)	88,500				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 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
Nurtury Inc 95 Berkeley Street Suite 306 Boston, MA 02116	04-2105893	501(c)(3)	40,000				Community Partnership
Massachusetts League of Community Health Centers 40 Court Street 10th Floor Boston, MA 02108	04-2507409	501(c)(3)	5,000				Community Partnership

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(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
Dorchester Youth Collaborative 1514A Dorchester Avenue Dorchester, MA 02122	04-2743166	501(c)(3)	10,000				Community Partnership
The Hyde Square Task Force Inc 375 Centre Street Jamaica Plain, MA 02130	04-3118543	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 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
Action for Boston Community Development 178 Tremont Street Boston, MA 02111	04-2304133	501(c)(3)	5,000				Community Partnership
Massachusetts Public Health Association 101 Tremont Street Boston, MA 02108	04-2326503	501(c)(3)	5,000				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 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
Smart from the Start Inc 68 Annunciation Road Boston, MA 02120	45-4952663	501(c)(3)	84,000				Community Partnership
Health Law Advocates 30 Winter Street 10th Floor Boston, MA 02108	04-3298116	501(c)(3)	10,000				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 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
Mass Society for the Prevention of Cruelty to Children 3815 Washington Street Ste 2 Boston, MA 02130	04-2103596	501(c)(3)	25,000				Advocacy Support
Greater Boston Chamber of Commerce 265 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 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
Fund for Parks & Recreation in Boston 10 Massachusetts Avenue Boston, MA 02118	04-2784811	501(c)(3)	1,000				Community Partnership
Massachusetts Communities Action Network 50 Mt Vernon Street Boston, MA 02125	04-2863903	501(c)(3)	2,500				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 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
Center for Comm Health Education Research & Service Inc 320 Huntington Avenue Boston, MA 02115	04-3286409	501(c)(3)	5,000				Community Partnership
Express Yourself Inc 6 Ellis Street Peabody, MA 01960	04-3294365	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 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)	2,500				Community Partnership
Friends of Ramler Park PO Box 231143 Astor Station Boston, MA 02123	04-3484629	501(c)(3)	100				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 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
NAACP Boston 30 Martin Luther King Boulevard Roxbury, MA 02119	04-3574060	501(c)(3)	2,000				Massachusetts Voter Education
Boston Municipal Research Bureau 333 Washington Street Boston, MA 02108	22-2673755	501(c)(3)	7,000				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 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 Services 1620 Tremont Street Mission Hill, MA 02120	23-7428011	501(c)(3)	1,000				Community Partnership
Louis D Brown Peace Institute 1452 Dorchester Avenue Dorchester, MA 02122	26-3068254	501(c)(3)	5,000				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 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
WriteBoston 2300 Washington Street Roxbury, MA 02119	46-1255108	501(c)(3)	2,500				Community Partnership
Black Ministerial Alliance of Greater Boston 2010 Columbus Avenue Boston, MA 02119	04-3499852	501(c)(3)	2,500				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 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
Brigham and Women's Hospital Inc 3297 Washington Street Jamaica Plain, MA 02130	04-2312909	501(c)(3)	160,000				Support of Community Health Center
City of Boston City Hall Plaza Boston, MA 02201	04-6001380	115	486,955				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 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
Charles River Community Health Inc 287 Western Avenue Allston, MA 02134	23-7221597	501(c)(3)	105,000				Support of Community Health Center
Fenmway Civic Association PO Box 230435 Boston, MA 02123	04-3312332	501(c)(3)	100				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 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 the Children - Boston Inc 555 Armory Street Boston, MA 02130	20-1581289	501(c)(3)	2,500				Community Partnership
Massachusetts Budget and Policy Center 15 Court Square Suite 700 Boston, MA 02108	04-2967537	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 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
Metropolitan Boston Housing Project 125 Lincoln Street 3rd Floor Boston, MA 02111	04-2775991	501(c)(3)	2,500				Community Partnership
Rennie Center for Education Research & Policy 114 State Street Boston, MA 02109	51-0548106	501(c)(3)	25,000				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 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
Urban Edge 1542 Columbus Avenue Suite 2 Roxbury, MA 02119	22-2483475	501(c)(3)	1,000				Community Partnership
VietAID 42 Charles Street Boston, MA 02122	04-3289039	501(c)(3)	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 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 Association for Mental Health 50 Federal Street 6th Floor Boston, MA 02110	04-2104711	501(c)(3)	4,000				Advocacy Support
West End House 105 Allston Street Allston, MA 02134	04-2105825	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 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 Health Council 200 Reservoir Road Suite 101 Needham, MA 02494	04-2296739	501(c)(3)	1,000				Community Partnership
Bridge Over Troubled Waters 47 West Street Boston, MA 02111	04-2472126	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 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 Center for Youth and Families 75 Newbury Street 3rd Flooe Boston, MA 02116	04-2602576	501(c)(3)	80,000				Community Partnership
City LifeVida Urbana PO Box 300107 Boston, MA 02130	04-2660311	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 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
National Alliance on Mental Illness 529 Main Street Suite 1M17 Boston, MA 02129	04-2777012	501(c)(3)	2,000				Advocacy Support
Dudley Street Neighborhood Initiative 504 Dudley Street Roxbury, MA 02119	04-2859066	501(c)(3)	1,500				Community Partnership

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

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Waltham Partnership for Youth 510 Moody Street Waltham, MA 02453	04-3399437	501(c)(3)	6,250				Advocacy Support
Mission Hill Little League PO Box 02120 Roxbury, MA 02120	04-3415069	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 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 Society 30 Speen Street Framingham, MA 01701	13-1788491	501(c)(3)	1,000				Community Partnership
East Boston Neighborhood Health Center 10 Gove Street East Boston, MA 02128	23-7425849	501(c)(3)	9,840				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 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 St Stephen's Youth Program 419 Shawmut Avenue Boston, MA 02118	26-1749602	501(c)(3)	10,000				Community Partnership
Gilbert Albert Community Center 155 Washington Street Dorchester, MA 02121	30-0430263	501(c)(3)	9,730				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 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 Nurturing Center of Massachusetts 200 Bowdoin Street Dorchester, MA 02122	31-1626186	501(c)(3)	75,000				Community Partnership
Fenway Community Center 1282 Boylston Street Boston, MA 02215	47-5582148	501(c)(3)	2,500				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 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
The Family Exchange 964 Parker Street 274 Jamaica Plain, MA 02130	81-4003528	501(c)(3)	15,000				Community Partnership

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
Sibylla Orth Young Fund for Student Aid	17	32,000		FMV	
Nursing Education Scholarship Fund	9	71,124		FMV	
Joshua T Shairs Cardiology Fund	7	7,000		FMV	
Family Resource Center Fund	138		109,940	FMV	Educational Resources
Yawkey Family Inn Fund	3108		799,761	FMV	Housing Assistance

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
Devon Nicole House Operating Fund	2621		94,612	FMV	Housing Assistance
Pet Therapy Program Fund	2812		70,519	Other	Theurapeutic dog visits made to inpatients
Sandra & Geoffrey Fenwick Family Income Fund	88		13,940	FMV	Memorial services and grief conference
Extraordinary Needs Fund II	145	82,118		FMV	
Volunteer Department Fund	3000		45,548	FMV	Supplies, Catering and Entertainment for Patients and Patient's 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
Broadway Sam Fund	1605		15,212	FMV	Tickets for Art and Entertainment Events
Family Services Fund	2960		15,210	FMV	Greeting Cards and supplies for Adopt a Family Program & wellness supplies
Milagros Para las Family Fund	393		134,064	FMV	Translation services and program support for spanish speaking families
Judith Nelson Endowment/Income Fund	205		9,391	FMV	Wellness Activities/Massage Therapy Expenses
Knez Family Fund for Patient Family Housing	127		178,175	FMV	Housing Assistance

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
Barber Family Endowment Fund	22		9,118	FMV	Teen Advisory Committee expenses
Live4Evan Fund for Patient Family Housing	32		37,297	FMV	Housing Assistance
Alexander Mosse Baer Entertainment Fund	25		100	FMV	Patient Entertainment - Magician, Face Painting, Dog Show
A Shuman Clothing Fund	235		1,000	FMV	Clothing Assistance
Brandano Parent Apartment Fund	117		54,705	FMV	Housing Assistance

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
Hale Center for Families Endowment Operating Fund	454		69,650	FMV	Child Life Specialist and art supplies
Patient Care Support Services Endowment/Income Fund	90		21,445	FMV	Acupuncture for patients

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 on 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 on 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 2016, a contribution of $51,264 August Cervini, received in 2016, a contribution of $22,632 Kevin Churchwell, received in 2016, a contribution of $111,000 Margaret Coughlin, received in 2016, a contribution of $19,234 Sandra Fenwick, received in 2016, a contribution of $433,000 Michele Garvin, received in 2016, a contribution of $63,804 Michael Gillespie, received in 2016, a contribution of $30,480 Cynthia Haines, received in 2016, a contribution of $35,950 Daniel Nigrin, received in 2016, a contribution of $46,224 Philip Rotner, received in 2016, a contribution of $83,803 Inez Stewart, received in 2016, a contribution of $39,275 Lynn Susman, received in 2016, a contribution of $46,708 Doug Vanderslice, received in 2016, a contribution of $81,540 Wendy Warring, received in 2016, a contribution of $51,972 Charles Weinstein, received in 2016, a contribution of $8,603 Laura Wood, received in 2016, a contribution of $46,562 During Calendar Year 2016, the following individuals received supplemental executive retirement plan distributions Stuart Novick, received in 2016, a distribution of $171,314 Margaret Coughlin, received in 2016, a distribution of $159,625 Charles Weinstein, received in 2016, a distribution of $316,119 During Calendar Year 2016, the following individual received severance payments Margaret Coughlin, received in 2016, severance payments of $85,152

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Laura J Wood DNP MS RN CNO/Noncomp Trustee	(I)	406,719	126,800	76,561	21,200	29,652	660,932	0
	(II)	0	0	0	0	0	0	0
1 Sandra Fenwick President & CEO, Noncomp Trustee	(I)	935,607	700,000	472,479	26,500	49,435	2,184,021	0
	(II)	0	0	0	0	0	0	0
2 Kevin Churchwell MD EVP & COO/Noncomp Trustee	(I)	682,826	373,000	289,896	18,550	32,168	1,396,440	0
	(II)	0	0	0	0	0	0	0
3 Douglas Vanderslice SVP, Treasurer & CFO	(I)	609,752	150,800	128,205	18,550	34,195	941,502	0
	(II)	0	0	0	0	0	0	0
4 Bruce Balter Asst Treasurer/Dir Corp Finance	(I)	203,985	15,999	29,917	30,659	17,788	298,348	0
	(II)	0	0	0	0	0	0	0
5 Michele Garvin Esq General Counsel & Secretary	(I)	498,451	174,300	98,249	21,200	27,944	820,144	0
	(II)	0	0	0	0	0	0	0
6 Demosthenes Argys SVP, & Chief Administrative Officer	(I)	451,439	147,968	101,034	23,850	26,220	750,511	0
	(II)	0	0	0	0	0	0	0
7 August Cervini VP, Research Administration	(I)	259,143	66,118	44,303	18,550	23,335	411,449	0
	(II)	0	0	0	0	0	0	0
8 Michael Gillespie VP, Clinical Services	(I)	328,719	65,800	55,737	18,550	14,003	482,809	0
	(II)	0	0	0	0	0	0	0
9 Cynthia Haines SVP, International Services	(I)	402,303	102,500	65,452	18,550	26,241	615,046	0
	(II)	0	0	0	0	0	0	0
10 Patricia Hickey PhD MBA RN NEA-BC VP, Cardiovascular Service	(I)	291,759	31,203	42,130	31,800	8,560	405,452	0
	(II)	0	0	0	0	0	0	0
11 Lisa Hogarty SVP, RE Planning and Development	(I)	110,408	150,000	13,414	0	3,901	277,723	0
	(II)	0	0	0	0	0	0	0
12 Daniel Nigrin MD SVP & Chief Information Officer	(I)	412,607	315,000	69,783	23,850	22,030	843,270	0
	(II)	0	0	0	0	0	0	0
13 Philip Rotner Chief Investment Officer	(I)	626,846	332,252	107,533	18,550	35,425	1,120,606	0
	(II)	0	0	0	0	0	0	0
14 Wendy Warning SVP, Network Development	(I)	450,685	109,395	79,224	21,200	20,241	680,745	0
	(II)	0	0	0	0	0	0	0
15 Nader Rifai PhD Director, Chemistry	(I)	447,512	209,170	2,995	29,150	20,903	709,730	0
	(II)	0	0	0	0	0	0	0
16 Lynn Susman President, Children's Hospital Trust	(I)	420,729	108,700	73,231	26,500	30,308	659,468	0
	(II)	0	0	0	0	0	0	0
17 Orah Platt MD Chief, Lab Medicine	(I)	467,141	91,870	9,166	29,150	12,761	610,088	0
	(II)	0	0	0	0	0	0	0
18 Inez Stewart VP, Human Resources	(I)	392,278	76,190	60,646	23,850	25,166	578,130	0
	(II)	0	0	0	0	0	0	0
19 Clifford Woolf Director, Neurobiology	(I)	510,250	0	-6,315	29,150	15,960	549,045	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 Stuart Novick Esq Former General Counsel & Secretary	(I)	0	0	171,314	0	0	171,314	0
	(II)	0	0	0	0	- 0	- 0	0
1 Margaret Coughlin Former SVP & Chief Marketing Officer	(I)	313,237	0	176,875	0	13,549	503,661	86,221
	(II)	0	0	0	0	- 0	- 0	0
2 Charles Weinstein Former VP, RE Planning & Development	(I)	180,265	0	316,119	26,500	10,406	533,290	225,896
	(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

2016

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			150,000,000
11	Other spent proceeds				
12	Other unspent proceeds				
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			3000 0000000000 %		3000 0000000000 %			
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

2016

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	50,000,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2016	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			3000 0000000000 %					
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

2016

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		15,250	Mkt Value per Donor
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	88	18,008,045	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	20	29,960	Mkt Value per Donor
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Travel/Dining)	X	7	289,500	Mkt Value per Donor
26 Other ▶ (Misc Other)	X	51	145,202	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: 1

		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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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

2016

Open to Public Inspection

Name of the organization
Children's Hospital Corporation

Employer identification number
04-2774441

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 tax return was prepared by the organization's staff and reviewed by managemen t (including the President & Chief Executive Officer, Executive Vice President of Health A ffairs and Chief Operating Officer, Chief Financial Officer, Legal and other relevant depa rtments 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' A udit & Compliance Committee Also, a copy was made available to the Board before filing

990 Schedule O, Supplemental Information

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, m embers 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 strateg ic, business and purchasing decisions of the Hospital are required to complete an annual c onflict of interest disclosure questionnaire about their financial interests and outside a ctivities If an expected questionnaire is not returned, the Compliance Officer notifies t he individual's supervisor or the CEO or COO, and repeated requests for the completed ques tionnaire are made until the questionnaire is completed Responses are reviewed by the Com pliance Officer and any potential conflicts are discussed with the Office of General Couns el and/or the individual's supervisor, any actual or potential conflicts are managed by te rmination of the conflict, management of the conflict, recusal, disclosure, review, or a c ombination thereof Outside interests and outside activities may be permitted as long as t he Hospital, Medical Center or Trust determines that such interests and activities are con sistent 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 i n 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 inf luence 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 consultat ive role, and 3 avoids any active participation in any dealings between the Hospital, Med ical Center or Trust and the person or company with whom or in which he has a financial in terest or consultative role, and 4 does not permit such outside interests or activities t o 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 pe rmit such outside interests or activities to compromise or appear to compromise the name o r reputation of the Hospital, Medical Center or Trust

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Hospital has a board level compensation committee that annually reviews and approves t he compensation for the following individuals President & Chief Executive Officer Executi ve Vice President Health Affairs & Chief Operating Officer Senior Vice President & Chief F inancial Officer Senior Vice President & General Counsel Senior Vice President, Patient Ca re Services & Chief Nursing Officer Senior Vice President & Chief Administrative Officer V ice 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 Senior Vice President, Human Resources V ice President, Support Services Senior Vice President, Real Estate Planning & Development Chief Investment Officer Senior Vice President, Network Development & Strategic Partnershi ps Vice President, Clinical Services Senior Vice President, International Services The com mittee 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 c onflict of interest with respect to that compensation arrangement The committee relies on data, provided by an independent compensation consultant, which includes comparable compe nsation for similarly qualified persons, in functionally comparable positions, at similarl y situated organizations The deliberations and decisions of the committee are documented in minutes of the meeting

990 Schedule O, Supplemental Information

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 Off ice 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, w here they are available to the public Audited financial statements are filed annually wit h the Massachusetts Office of the Attorney General as part of the Hospital's Form PC filin g 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 Electr onic Municipal Market Access (EMMA) website maintained by the Municipal Securities Rulemak ing Board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Purchased Medical Services Program service expenses 54,714,202 Management and general ex penses 12,889,830 Fundraising expenses 0 Total expenses 67,604,032 Purchased Research S ervices Program service expenses 35,927,697 Management and general expenses 491 Fundrai sing expenses 0 Total expenses 35,928,188 Consulting Services Program service expenses 16,659,118 Management and general expenses 15,711,613 Fundraising expenses 874,621 Tota l expenses 33,245,352 Misc Purchased Services Program service expenses 20,386,904 Mana gement and general expenses 8,890,787 Fundraising expenses 77,875 Total expenses 29,355, 566 Nursing Agency Fees Program service expenses 6,705,017 Management and general expen ses 193,588 Fundraising expenses 0 Total expenses 6,898,605 Laundry Services Program s ervice expenses 1,675,854 Management and general expenses 199,317 Fundraising expenses 0 Total expenses 1,875,171 Security Services Program service expenses 4,890,734 Managem ent and general expenses 75,180 Fundraising expenses 0 Total expenses 4,965,914 Caterin g Fees Program service expenses 774,468 Management and general expenses 247,322 Fundrai sing expenses 31,047 Total expenses 1,052,837 Collection Agency Fees Program service ex penses 57,700 Management and general expenses 1,474,488 Fundraising expenses 0 Total ex penses 1,532,188 Temp Agency Fees Program service expenses 106,080 Management and gener al expenses 379,737 Fundraising expenses 257,910 Total expenses 743,727 Ambulance Servi ces Program service expenses 165,613 Management and general expenses 0 Fundraising expe nses 0 Total expenses 165,613 Environmental Services Program service expenses 585,111 Management and general expenses 230,898 Fundraising expenses 0 Total expenses 816,009

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Net Transfers/Support from Children's Medical Center 62,009,213 Pension Adjustment 64,987 ,065 Other Adjustments 86,829 Tran of Prof Svc Surplus from Net Assets to Funds Held for Others 3,907,532

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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

2016

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.

See Additional Data Table

(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.

See Additional Data Table

(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) Section 512(b)(13) controlled entity? No

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	15,661	4,351		No	-1,745,725		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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
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)

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(1) CarePlex LLC 300 Longwood Avenue Boston, MA 02115 47-2258145	Inactive	MA	0	0	Children's Medical Center Corp
(1) Children's One Brookline Place LLC 300 Longwood Avenue Boston, MA 02115 20-5850015	Real Estate Holdings	MA	0	0	Children's Hospital Corporation
(2) Children's Brookline Place LLC 300 Longwood Avenue Boston, MA 02115 26-1523020	Real Estate Holdings	MA	0	0	Children's Hospital Corporation
(3) Children's Five Brookline Place LLC 300 Longwood Avenue Boston, MA 02115 20-5850117	Real Estate Holdings	MA	0	0	Children's Hospital Corporation
(4) BCH Washington Street LLC 300 Longwood Avenue Boston, MA 02115 81-4382691	Real Estate Holdings	MA	-3,681,044	40,623,543	Children's Hospital Corporation
(5) BCH Pearl Street LLC 300 Longwood Avenue Boston, MA 02115 81-7393086	Real Estate Holdings	MA	0	16,784,286	Children's Hospital Corporation
(6) BCH Brookline Ave LLC 300 Longwood Avenue Boston, MA 02115 81-4457294	Real Estate Holdings	MA	53,610	2,827,914	Children's Hospital Corporation
(7) Boston Children's Health International LLC 300 Longwood Avenue Boston, MA 02115 81-4377341	Inactive	MA	0	344,959	Children's Medical Center Corp
(8) Children's Westland LLC 300 Longwood Avenue Boston, MA 02115 26-2904847	Inactive	MA	0	0	Longwood Research Institute
(9) BCH 819 Beacon Street LLC 300 Longwood Avenue Boston, MA 02115 81-4382691	Real Estate Holdings	MA	1,315,279	3,913,838	Longwood Research Institute
(10) Children's Fremont LLC 300 Longwood Avenue Boston, MA 02115 26-0422409	Inactive	MA	0	0	Children's Medical Center Corp
(11) Children's Waltham Medical Center LLC 300 Longwood Avenue Boston, MA 02115 20-2076874	Real Estate Holdings	MA	0	0	Children's Medical Center Corp
(12) Boston Children's Health Accountable Care LLC 300 Longwood Avenue Boston, MA 02115 30-0991601	Accountable Care	MA	0	0	Children's Hospital Corporation
(13) BCD Hospital Energy Collaborative LLC 300 Longwood Avenue Boston, MA 02115 82-1711826	Hospital Energy	MA	0	0	Children's Hospital Corporation
(14) Boston Children's Health Physicians LLP 300 Longwood Avenue Boston, MA 02115 13-3956599	Healthcare	NY	160,035,101	51,329,670	Children's Medical Center Corp

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	No
(1) 55 Shattuck Street Boston, MA 02115 04-1174680	Holds & manages security, real estate investments for Children's Hospital	MA	501(c)(3)	Line 12b, II	N/A		No
(1) 300 Longwood Avenue Boston, MA 02115 04-2781368	Medical & scientific research, holds real estate investments	MA	501(c)(3)	Line 12b, II	Children's Medical Center Corporation		No
(2) 300 Longwood Avenue Boston, MA 02115 04-3323330	Holds & manages satellite ambulatory centers, real estate investments	MA	501(c)(3)	Line 10	Children's Medical Center Corporation		No
(3) 55 Shattuck Street Boston, MA 02115 04-2779882	Holds & manages real estate investments	MA	501(c)(2)		Children's Medical Center Corporation		No
(4) 300 Longwood Avenue Boston, MA 02115 04-3266103	Coord & develop integrated childhlth care system w/ affil members	MA	501(c)(3)	Line 12c, III-FI	N/A		No
(5) 300 Longwood Avenue Boston, MA 02115 80-0368043	Improve patient safety & quality for children w/ heart disease	MA	501(c)(3)	Line 7	Children's Hospital Corporation	Yes	
(6) 300 Longwood Avenue Boston, MA 02115 04-2780811	Fundraising	MA	501(c)(3)	Line 7	Children's Hospital Corporation	Yes	
(7) CLSB 3rd Floor 3 Blackfan Circle Boston, MA 02115 04-3136318	Owning & Leasing Real Estate	MA	501(c)(3)	Line 12b, II	Children's Medical Center Corporation		No
(8) 300 Longwood Avenue Boston, MA 02115 04-3200113	Pediatric Health Care, Education & Research	MA	501(c)(3)	Line 12a, I	N/A		No
(9) 450 Brookline Avenue BP418 Boston, MA 02215 04-3554536	Joint program in pediatric oncology	MA	501(c)(3)	Line 12a, I	N/A		No
(10) Hangar 1727 Hanscom AFB Bedford, MA 01730 22-2582060	Critical Care Transport	MA	501(c)(3)	Line 12a, I	N/A		No