The Children's Medical Center Corporation BCH-21072306-CH

The Children's Medical Center Corporation   
Don Application # BCH-21072306-CH

Exhibits

Health Care Conservation Project

Boston Children's Hospital

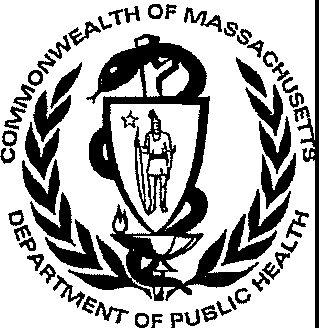
July 29, 2021

Submitted By

The Children's Medical Center Corporation

300 Longwood Avenue

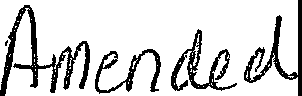
Boston, MA 02115



Massachusetts Department of Public Health

Determination of Need

Application Form



Version: 11-8-17

Application Type: Conservation Hospital/Clinic Project Applicant Application Date: 09/01/2021 8:30 am

Name: The Children’s Medical Center Corporation

Mailing Address: 1300 Longwood Avenue

City: Boston State: Massachusetts Zip Code: 02115

Contact Person: Donna M. Casey Title: Vice President, Strategic Business Planning & Budget

Mailing Address: 1300 Longwood Avenue BY483

City: Boston State: Massachusetts Zip Code: 02115

Phone: 6173552683 Ext: Email: donna.casey@childrens.harvard.edu

# Facility Information

List each facility affected and or included in Proposed Project

1. Facility Name: The Children’s Hospital Corporation

Facility Address: 1300 Longwood Avenue BY483

City: Boston State: Massachusetts Zip Code: 02115

Facility Type: Hospital CMS Number: 22-3302

Add additional Facility Delete this Facility

# 1. About the Applicant

###### Type of organization (of the Applicant): nonprofit

###### Applicant’s Business Type: Corporation

###### What is the acronym used by the Applicant’s Organization? BCH

###### Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? Yes

###### Is Applicant or any affiliated entity an HPC-certified ACO? Yes

1.5a If yes, what is the legal name of that entity? Boston Children Health Accountable Care Organization

###### Is Applicant or any affiliate thereof subject to M.G L. c 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)?

###### Does the Proposed Project also require the filing of a MCN with the HPC? No

###### Has the Applicant or any subsidiary thereof been notified pursuant to M G.L c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §1O required to file a performance improvement plan with CHIA? No

###### Complete the Affiliated Parties Form

# Project Description

###### Provide a brief description of the scope of the project. See Attached Exhibit 2

###### and 2.3 Complete the Change in Service Form

# Delegated Review

###### Do you assert that this Application is eligible for Delegated Review? Yes

###### 3.1.a If yes, under what section? Conservation Projects

# 4. Conservation Project

###### Are you submitting this Application as Conservation Project? Yes

###### Within the Proposed Project, is there any element that has the result of modernization, addition or expansion? No

###### Does the Proposed Project add or accommodate new or increased functionality beyond sustainment or restoration? NO

###### As part of the Proposed Project, is the Applicant: <no items in below list is marked>

###### Adding a new service?

###### Expanding a service?

###### Modernizing the provision of a service?

###### Substituting a service?

###### Otherwise altering a serves's usage or designation, including patients served?

###### Adding a new piece(s) of equipment

###### Modernizing a piece(s) of equipment?

###### Expanding bed capacity?

###### Adding bed capacity?

###### Otherwise altering bed capacity, usage, or designation?

###### Adding additional square footage?

# 5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? No

# 6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100 7357? No

# 7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? No

# 8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? No

# 9. Research Exemption

9.1 ls this an application for a Research Exemption? No

# 10. Amendment

10.1 Is this an application for an Amendment? No

# 11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(8)? No

# 12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

**Your project application is for:** Conservation Hospital/Clinic Project

| 12.1 Total Value of this project: | $26,252,500.00 |
| --- | --- |
| 12.2 Total CHI commitment expressed in dollars: (calculated) | $656,312.50 |
| 12.3 Filing Fee: (calculated) | $52,505.00 |
| 12.4 Maximum Incremental Operating Expense resulting from the Proposed Project | $0.00 |
| 12.5 Total proposed Construction costs, specifically related to the Proposed Project, if any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in  estimated total dollars | $0.00 |

# 13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

# Factor 3: Compliance

Applicant certifies, by virtue of submitting this Appl1cat1on that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and m compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein

F3.a Please list all previously issued Notices of Determination of Need

| Add/Del Rows | Project Number | Date Approved | Type of Notification | Facility Name |
| --- | --- | --- | --- | --- |
| +/- | 4-3C47 | 10/27/2016 | Hospital/Clinic Substantial Change in Service | Boston Children's Hospital |
| +/- | DoN 20040309- CL | 02/13/2021 | Conservation Hospital/Clinic Project | Boston Children's Hospital |
| +/- | Emergency DoN | 01/15/2021 | Emergency Application | Boston Children's Hospital |

Application Form The Children's Medical Center Corporation 09/01/2021 8.30 am BCH-21072306-CH Page 5 of 10

# Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel

**Capital Costs Chart:**

For each Functional Area document the square footage and costs for New Construction and/or Renovation.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Present Square Footage | | Square Footage Involved in Project | | | | Resulting Square Footage | | Total Cost | | Cost/Square Footage | |
|  | | New Construction | | Renovation | |  | |  | |  | |
| Add/Del Rows | Functional Areas | Net | Gross | Net | Gross | Net | Gross | Net | Gross | New Construction | Renovation | New Construction | Renovation |
| +/- | ADA Compliance |  | 1,200,000 |  |  |  | 1,200,000 |  | 1,200,000 |  | $63,00000 |  | $005 |
| +/- | Lexington HVAC Replacement |  | 25,000 |  |  |  | 25,000 |  | 25,000 |  | $180,000 00 |  | $720 |
| +/- | Maintenance Upkeep of Lexington |  | 25,000 |  |  |  | 25,000 |  | 25,000 |  | $125,000 00 |  | $5 00 |
| +/- | Waltham Campus Infrastructure |  | 37S,000 |  |  |  | 375,000 |  | 375,000 |  | $250,00000 |  | $067 |
| +/- | Design Fees for Radiology Renewal |  | 90,000 |  |  |  | 90,000 |  | 90,000 |  | $1,582,000.00 |  | $17 58 |
| +/- | Pharmacy |  | 1,200 |  |  |  | 1,200 |  | 1,200 |  | $3,865,000 00 |  | $3,220.83 |
| +/- | Infrastructure |  | 1,481,015 |  |  |  | 1,481,015 |  | 1,481,015 |  | $17,125,000 00 |  | $11 56 |
| +/- | Contingency |  | 0 |  |  |  | 0 | 0 | 0 |  | $1,000,000 00 |  |  |
| +/- | RO Water Install |  | 1,250 |  |  |  | 1,250 |  | 1,250 |  | $2,062,500.00 |  | $1,650.00 |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| F4a Ii For each Category of Expenditure document New Construction and/or Renovation Costs. | | | | |
|  | Category of Expenditure | New Construction | Renovation | Total  (calculated) |
|  | Land Costs | | | |
| Land Acquisition Cost |  | $0. | $0. |
| Site Survey and Soil Investigation |  | $0. | $0. |
| Other Non-Depreciable Land Development |  |  |  |
|  | Total Land Costs |  | $0. | $0. |
| ,- ..., ... ... .., \_,.,\_ | |  |  |  |
|  | Construction Contract {including bonding cost) | | | |
|  | Depreciable Land Development Cost |  | $0. | $0. |
|  | Building Acquisition Cost |  | $0. | $0. |
|  | Construction Contract (including bonding cost) | $13252500. | $0. | $13252500. |
|  | Fixed Equipment Not in Contract | $11317500. | $0. | $11317500. |
|  | Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost | $1682500. |  | $1682500. |
|  | Pre-filing Planning and Development Costs |  |  |  |
|  | Post-filing Planning and Development Costs |  |  |  |
| Add/Del  Rows | Other (specify) | | | |
| +/- |  |  |  |  |
|  | Net Interest Expensed During Construction |  |  |  |
|  | Major Movable Equipment |  |  |  |
|  | Total Construction Costs | $26252500. | $0. | $26252500. |
| ,\_.,., , ., |  |  |  |  |
| Financing Costs: | | | |
|  | Cost of Securing Financing (legal, administrative,feasibility studies, mortgage insurance, printing, etc |  |  |  |
|  | Bond Discount |  |  |  |
| Add/Del  Rows | Other (specify | | | |
| +/- |  |  |  |  |
|  | Total Financing Costs |  |  |  |
| ...... .... ,,... ,-,i-- | Estimated Total Capital Expenditure | $26252500. | $0. | $26252500 |

# Factor 6: Community Based Health Initiatives

Does your existing CHNA/CHlP meet the minimum standards outlined m the Community Engagement Standards for Community health Planning Guideline?

# Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application.

Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: [DPH.DON@state.ma.us](mailto:DPH.DON@state.ma.us)

* Copy of Notice of Intent <Checked>
* Affidavit of Truthfulness Form <Checked>
* Scanned copy of Application Fee Check <Checked>
* Affiliated Parties Table Question 1.9 <Checked>
* Change in Service Tables Questions 2.2 and 2.3 <Checked>
* Certification from an independent Certified Public Accountant <Checked>
* Notification of Material Change <Not Checked>
* Articles of Organization /Trust Agreement <Checked>
* Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office <Checked>
* Community Engagement Stakeholder Assessment form <Not Checked>
* Community Engagement-Self Assessment form <Checked>

# Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

**This document is ready to file:** <Checked> Date/time Stamp: 9/01/2021 8:30 am

E-mail submission to Determination of Need

Application Number: BCH-21072306-CH

Use this number on all communications regarding this application.

Community Engagement-Self Assessment form <Unchecked>

The Children's Medical Center Corporation   
DoN Application: Health Care Conservation Project

July 29, 2021

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Exhibit 5: Scanned Copy of Application Fee Check

Exhibit 6: Affiliated Parties table Question 1.9

Exhibit 7: Change in Service Tables Questions 2.2 and 2.3

Exhibit 8: Certification from an Independent Certified Public Accountant

Exhibit 9: Articles of Organization/Trust Agreement

Exhibit 10: Current IRS Form, 990 Schedule H CHNA/CHIP

Exhibit 1: Cover Letter

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL



Boston Children's Hospital

#### July 19, 2021

#### By E-mail and First Class mail Margret Cooke, JD

#### Interim Commissioner Department of Public Health 250 Washington St.

#### Boston, MA 02108

#### Health Care Conservation Project Determination of Need

#### Boston Children's Hospital

#### Project Number BCH-21072306-CH Dear Commissioner Cooke,

#### On behalf of Children's Hospital Corporation, I am submitting a Determination of Need application for a proposed Health Care Conservation Project. The application was submitted online and the attachments were emailed according to the instructions. Attached to this letter, please find the check for the application fees.

#### Please note, that we have also been working closely and developed a process with staff from the Bureau of Community Health and Prevention regarding the Factor 6 requirements.

#### Please feel free to contact me at 617-355-2683 with any questions regarding the application. Sincerely,

#### Donna M. Casey

#### Vice President, Strategic Business Planning, Analysis & Budget Boston Children's Hospital [Donna.Casey@Childrens.Harvard.Edu](mailto:Donna.Casey@Childrens.Harvard.Edu)

Exhibit 2: Project Description

###### The Children's Medical Center Corporation ("Applicant"), located at 300 Longwood Avenue, Boston, MA 02115 is filing a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health for its facility The Children's Hospital Corporation (d/b/a/ Boston Children's Hospital or "hospital"), a Massachusetts charitable corporation, for projects that meet the definition of a Conservation Project. The Hospital engages in the delivery of pediatric care, research, training and community service. The Hospital's clinicians deliver care throughout an owned network of licensed facilities, as well as staffing partnerships with affiliated providers in the community. This Application includes projects that will impact those areas under the Hospital licensure located at the main campus ("Longwood Campus") as well as our Lexington and Waltham satellite locations. The Longwood campus includes inpatient, outpatient, research and administrative space and serves approximately 22,500 discharges and 378,000 outpatient visits, annually. The Waltham campus includes surgical inpatient beds supported by six operating rooms and additional outpatient specialty services. The Waltham campus serves approximately 1,030 discharges and 135,000 outpatient visits, annually. The Lexington campus includes outpatient specialty services and serves approximately 24,900 outpatient visits, annually.

###### The projects included in this Application are designed to keep the licensed hospital space in good working order. The maximum capital expenditure for this conservation application is $26,252,500. Specifically, the projects are intended to sustain and restore facility components that include the following areas:

###### 1. Pharmacy ($3,865,000)

###### 2. Radiology ($1,582,000)

###### Reverse Osmosis Water Filtration ($2,062,500)

###### Building Restoration ($18,743,000)

Pharmacy

###### Federal and State legal and regulatory medication compounding requirements have drastically impacted minimum necessary standards for Pharmacy practice to comply with the Board of Registration in Pharmacy requirements regarding USP 797 and USP 800, and proposed 247 CMR 17. Hazardous medications must be compounded in a separate area from non-hazardous medications. Sterile medications must be compounded using a containment hood and other approved equipment in an appropriately ventilated area. Sterile and non-sterile hazardous medication room air and containment hood air must be exhausted to outside of the building. Pediatric pharmacies are uniquely affected due to much higher compounding activity. Pediatric sterile and non-sterile medications vary in size of dosing, doses are patient specific, and 70% of all doses need to be compounded and dispensed *very* close to administration time. Sterile medications are reconstituted and diluted.

###### In March 2021, the Board of Trustees of the Hospital approved the release of additional $3,865,000 to complete a multi-year renovation project to ensure compliance with the USP 797and USP 800 requirement. The cost associated with the complexities of reconstructing HVAC systems in an area with an immediately adjacent inpatient unit, expanded space of 1,200 square feet, and Covid 19 related requirements and delays contribute to the need for funds to sustain this space. The capital required to

complete this project is $3,865,000. All pharmacy locations have an anticipated completion date of 2022.

Radiology Department

The Hospital has a multi-year operational, facility and financial plan to renovate its current radiology suite on both the Longwood and Waltham campuses. The plan allows the Hospital to effectively renew its current imaging services as they pass end of life capabilities while allowing for the delivery of care to continue. Any renovation associated with DoN Required Equipment that are not related to a one-to-one replacement will be submitted separately. The scope of this project is to cover architectural and design fees to evaluate renewal opportunities for ultrasound, general radiology, interventional radiology and overall waiting room space. The capital required is $1,582,000. Floor plans for the proposed architectural work *is* attached.

Reverse Osmosis Water Filtration

BCH anticipates the need to make minor renovations in order to upgrade the current reverse osmosis water filtration system that supports the sterilization of scopes. The renovation cost is estimated at

$2,062,500.

Building Restoration

A small number of children's hospitals provide highly specialized pediatric care; these regional quaternary care centers comprise the peer group for the Hospital. The following chart provides benchmarking information about the size and physical plant of the Hospital and its peers. The information in the chart demonstrates that the Hospital is older than that of comparable institutions and therefore, requires capital annually to maintain the usefulness of the building and ensure compliance with modern day regulations.

|  |  |  |
| --- | --- | --- |
| !nstltutnon | Beds | Average <>1ge ,of  physical p!anl (!n years) |
| Boston Chik!rrer1's Hospital | 415 | 13.8 |
| Children's HeG"!thcarn of  At!,H'ita | 61.4 | 10.2 |
| ChBtlren's Hospitai of | 54). | 9.2 |
| Phil;;ciel hl.i. |  |  |
| Cindr.nati Chilclrn!i's Hospital  Medical Center | 634 | 9.2 |
| Seattle Children's Hospira! | 361 | 8.8 |
| Texas Children's Hospital | 797 | 8.6 |

Source: c;ni!dren's Hospital Association 2019

Therefore, bi-annually, the Hospital engages in an in-depth evaluation of all major components of its buildings (substructure, superstructure, exterior enclosures, roofing, etc) considered 1n the Infrastructure Condition *Index* (IC/) as defined by the U.S. Department of Commerce. The evaluation

###### produces a senes of priority recommendations to guide management of projects that need immediate action to future needs over the next five to ten years. Management uses this information to ensure that funds from the annual capital routine budget are directed to renovation projects with the highest priority in the context of its annual preventive maintenance and renewal of its facilities. Generally, the facilities are showing wear and tear in a variety of areas including walls, floors, ceilings and millwork. These items will be replaced, repaired or modified as required. Heating and AC systems will be replaced with more energy efficient units.

###### The evaluation of the Longwood campus has demonstrated that $17,313,000 of capital 1s required for replacement and upgrades to elevators, roofs, fa ade renewals, window replacements, utilities, transformers, air handlers, nurse call and facility automation systems. Approximately, $3,349,000 of the

###### $17,313,000 is for replacement, upgrades, and/or code compliance enhancements to such systems or system components which include but are not limited to automatic doors, generators, electrical switchgear, electrical distribution, fire alarm, electrical paneling, pneumatic tube systems, facility automation, ventilation and exhaust, air quality, fan coils, waste water systems, chilled water piping, steam and hot water piping, sanitary water systems, domestic water systems, Ro systems, sprinkler compliance, insulation and coverings, medical and compressed gases, and utility monitoring.

###### The evaluation of our Lexington campus has demonstrated that $180,000 of capital is required for replacement of the HVAC unit.

###### The evaluation of the Waltham facilities has demonstrated that $250,000 of capital is required for replacement, upgrades, and/or code compliance enhancements to such systems or system components which include but are not limited to automatic doors, generators, electrical switchgear, electrical distribution, fire alarm, electrical paneling, pneumatic tube systems, facility automation, ventilation and exhaust, air quality, fan coils, waste water systems, chilled water piping, steam and hot water piping, sanitary water systems, domestic water systems, Ro systems, sprinkler compliance, insulation and coverings, medical and compressed gases, and utility monitoring.

###### Finally, the Applicant has a submitted a $1m contingency request to address unforeseen issues that arise during the normal course of business. The Applicant will supply a detailed accounting of any such use of that $1m contingency during the reporting penod upon request from the Department of Health.

###### In general, the proposed projects are necessary for the Applicant to comply with either Federal or State regulations or standard upkeep of its facilities.

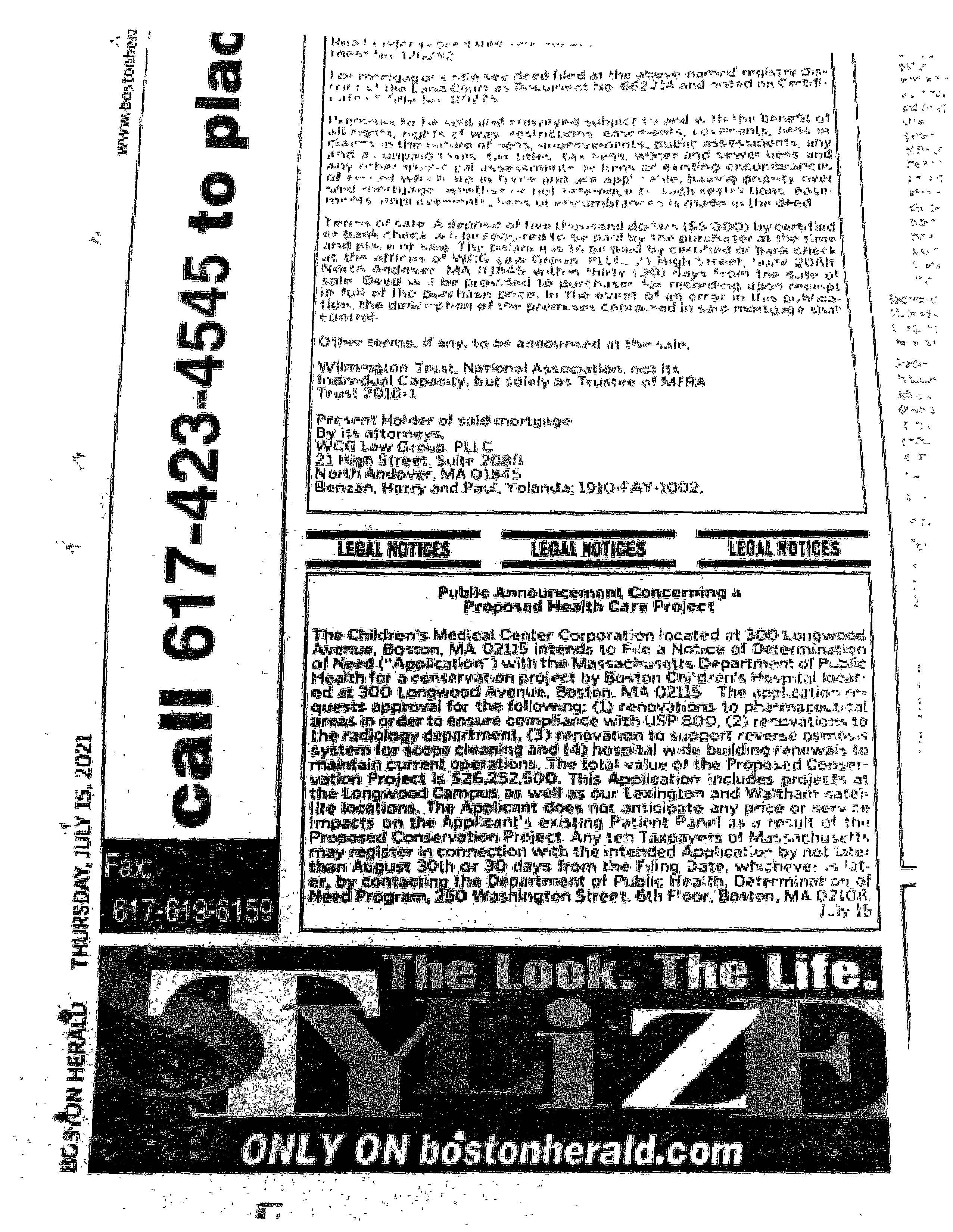
Exhibit 3: Notice of Intent











'i LEXINGTON WICKEDLOCAL,CDM I THURSDAY, JULY 15, 2021 I 9A

1900s

Continued from Page BA

female Select Board cha1r1 she was also *the first* female president of Lexmgton Hlstoncal Society Through her40years ofservice on theConsel'Vatlon Commis­ sion, Angela ';Jere" Fnck (1917-2011) transformed the town's approach to conservation forthe better ft1s said that she knew everylnch of swamp and bog m Lexington from personally explonng

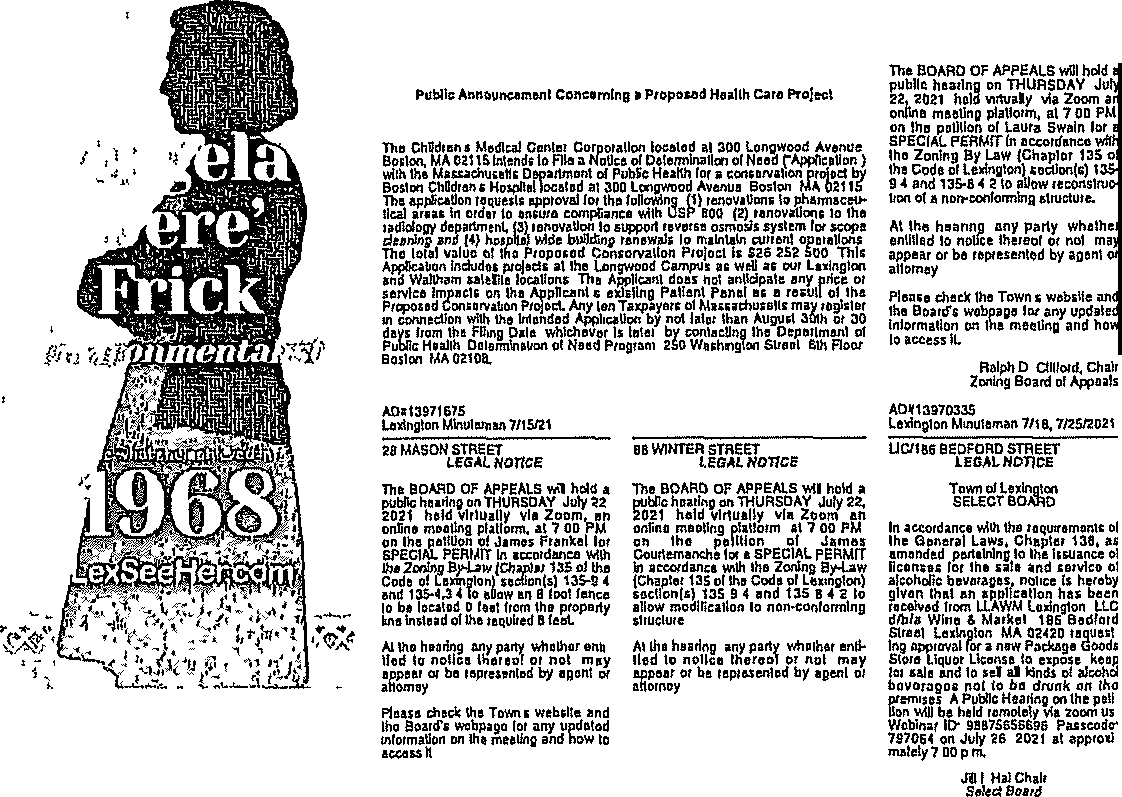
and inspecting them

Elsa Sullivan (1924-2015) descnbed herself as a perennial student of hfe She studied piano and voice, perfonned 1N1dely, and produced many notable musical and dramaticproductions-m­ cludfng "They Nobly Dared"to celebrate Lexington's 250th anmversary A gener­ ous ph1lanthroplst, she also supported many artc; and historical orgam1atlons

Of cmme, these are Jtlst a rew of many Lexm:gton women whoexcelled m their chosen fields, expRndmg opportu­ mt,e,;; for future generations ofwo1nen Next week, v1s1t this colnmn to learn about Important Lexington women or the late1900s

d!J•fiii:ttHt§¥

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LEGAL NOTICE

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LEGAL NOTICE

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UC/186" BEDFORD STREET

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Veto

Continued from *Page* 7A

monwealth's veterans are met with the

1111968, Angela "Jere" Frick was af::lpolnted to the Conservation Comm1ss1on She served for 40 years, protecting wetlands, forests, and fields for future generations coURTEsv

/'HOTO

a,ulhontes lhe ei.tabl11,,l1ment orregwn­ al or satellite veterans' homes as well as new or expanded supports for commu- 111ty-based c.are services and home­ based care services This $200 million for geographic equity was added to the

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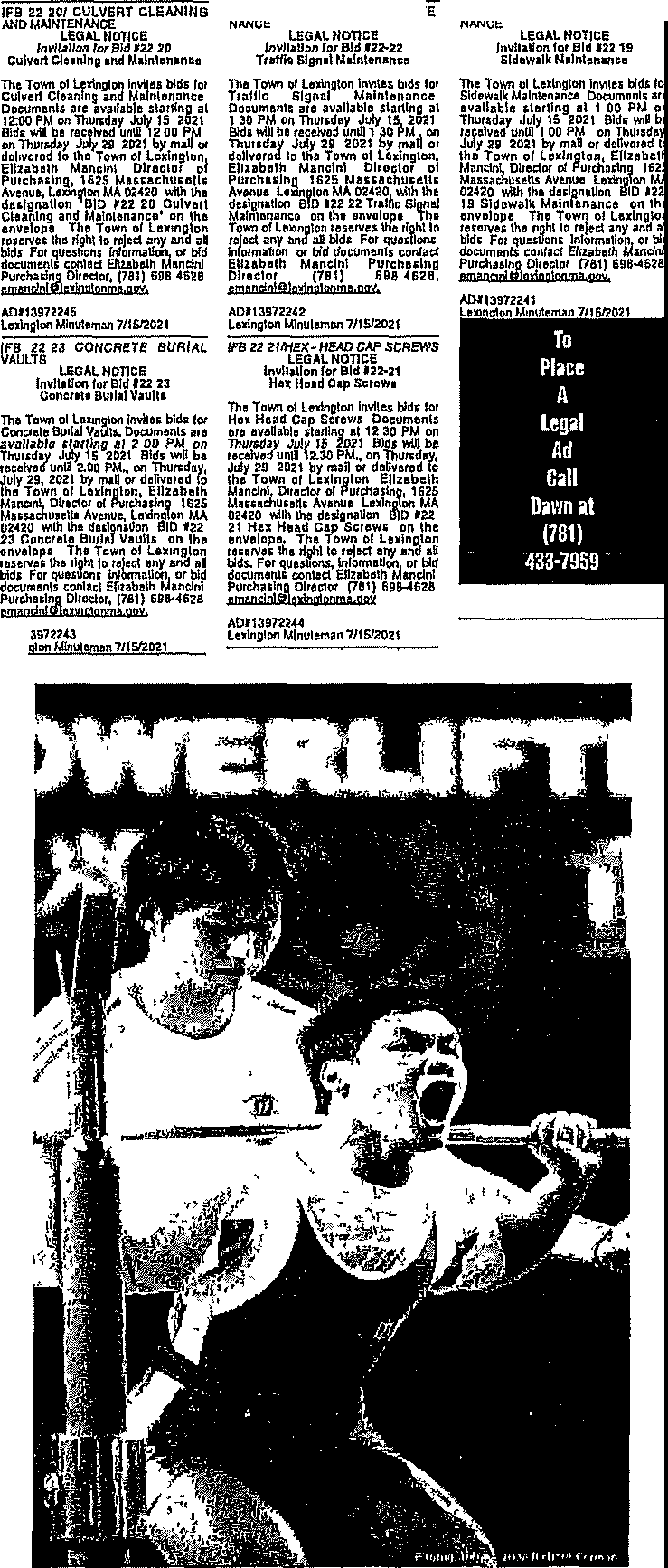
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RalphO Cbflc11d Chair

Zonlrig 81J,J1d *Q/ App ,ls*

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IFS 22 19/ StoEWALK MAINTE NANCE.

serv1ces that they deserve and that ad­ btll by the Senate dfter passage by the

dress their unique and <.hangmg needs and that this constructfon project cre­ ates lucrative jobs for everyone I want to thank Senate President Sp1lka for her leadership and my fellow conferees for their collaboration and efforts m ad­ vancing thls important leg1slatlon"

The ex1stmg soldiers home In Hol­ yoke was builtm1952 with many tnple­ and quadruple-bed rooms Those ca­ *pacity* and facility issues *became clear* last year as the highly contagious CD­

VID-19 VITUS spread throughout the home leavmg morn than 70 veterans dead

The leg1slat1on wtll c:1dvance the con­ struction of a modern fac1llty with a

'smallhouse" concept to meet the needs of future generatrnns of veterans To further meet the needs of veterans in all comers of the commonwealth, with an emphasis on those areas not pnmanly served by the soldiers' homes In Chelsea or Holyoke, the $200 mllhon in bonds

Berries

Continued from Page 5A

Nourse St, Westborough, 508•366-

2644, noursefarm com

The farm store Is now open Seasonal produce, pies, honey and more

We welcome fam!hes and do not charge for admission Reservations are not required You may bring your own con­ tainers (Weight deducted) or purchase a PYO flat

SUNSHINE FARM -135 Kendall Ave,

Sherborn, SDB-655-5022, sunshlne­ farmma com

The Ice cream stand ls open from

noon-9 pm The greenhouse ls open for the season from 9 a m -6 p m Visit the farm's Facebook page *for updates* Blueberries -- $9 per pint TANGE.RINl's SPRING STREET FARM -

139 Spring St, MIiiis, 50B-376-502-4, tangerlnlsfarm *com*

The farm offers a variety of fruits and vegetables, as well as seasonal pro­ grams

Thefarmstand Is open from 9 am •7 pm The ice cream stand is open from 11am-7pm

Onhne ordering available, visit the web­ site for details

Anyone 3 years old and older going lnto the *field does need* to purchasea con­ tainer BluE!berry picking 1s $6/plnt or

$32/-4-quart container One, -4-quart container admits up to four people TOUGAS FARM - 23-4 Ball St, North­

boro, 508-393-6406, tougasfam/lyfarm­

com

Online farm store open, farm kitchen open on Saturdays In May *from* 10

am -3 pm serving Ice cream, slushes and cider doughnuts

Drlve-thru options also available, visit the website for detal/s

Each person entering the field must have a box

$19 per person admission Includes a two-quart box for you to fill with blue­ berries

Upgrade to a four-quart box for an

additional $12 ($31 total), admits one

House and maintained by the confer ence committee

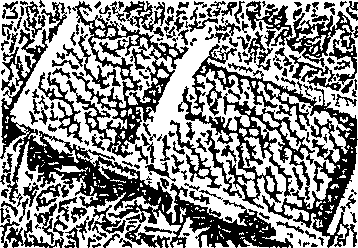
In passing the $400 mlllloh bond au• thonzation for a new soldiers' home In Holyoke, Massachusetts ls eligible to re­ ceive up to 65 per cent m federal rehn­ bursement through the Veterans Affairs State Home Construction Grant Pro­ gram

Mandating bold action to establish, recruit and assist women-, mmonty­ and veteran-owned businesses who may pdrtlc1pate m the design and con­ struction of the facility, the legislation also establishes the Access, Inclusion

and DJVersityComm1tteeto help set and

monitor progress of diversity and inclu­

sion goals and recommend solutions and programs to meet them,throughout the design and construction of the facil­ ity This prov1S1on builds on the Leg1sla­ hne's commitment to address systemic racial inequities mall areas of the econ­ omy



A basket of blueberries ready to be weighed and taken home SANDOR BODO/THE PROVIDENCE JOURNAL, FILE

$10 chlld's admission includes a one­ quart box to fill with blueberries Pricing subject to change

TREE-BERRY FARM- Route 123, near

*Gate Street, Scituate,* 78i-5-4S-7750, treeberryfarm com

High-bush blueberries, children are welcome Flelds open from 7 am -1 pm (depending on weather and field

cond1tfons) PrfcE! *(s* $6 per pound, cash or persomd checks accepted {no credit cards)

Please call before you come

Masks will be required for eVE!ryone 2 years of age and older

WARD'S BERRY FARM - 614 South

Main St, Sharon, 7B1-784-3600, wards­ berryfarm com

Opetidadyfrom9am-7pm (for shoppers 60 years and older, 8-9 am) The farm store offers pies, sandwiches, gift cards and more

Pre-pay for containers, berries Included Pint *box* (approx *1 pound of* berrles)-­

$6 each

2-quart box (approx 4 pints of berries)

- $20 each

For all Plc:k Your-Own, start at the white tent to purchase containers and get dlrec:tlons to the proper locatlon for picking

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2.A I THURSDAY, JULY 15, 2021 I LEXINGTON MINUTEMAN

Rep pitches pandemic remedy: extra year of school

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Stale House News Servke

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stress and trepidation currently upon the families of these students."

Other bills from Sen Michael Barrett ofLexmgton

1'he abrupt shirt to remote learnmg durmg the CO­ ,

1 turns 22 -- the age at which they no

and Rep Carmine Gentile of Sudbury (S 282 / H 601)

VJD-19 pandemic upended K-12 education across the country, part1cularlyformd1V1dualswlth developmen• ta! d1sablhtJes 1 and one state representativefrom Bos• ton pitched a strategy last Tuesday, June 6, to repair some of the damage allow any student who will soon graduate to stay m school for an additional year

Legislation filed by Democrat Rep Edward Coppm­ ger (H 3865) would allow any Massachusetts student who graduated m 2021 or 1s scheduled to graduate m 2022, their parent or their guardian to "opt-in" to an­ otheryear of education before they move on to the next

"]\_ .... longer qualify for trans1bon services A \_ from public school d1stncts -- dunng Coppinger the 2020,,2021 or *2021-2022 academic* years tostaymschool until theytllrn 23

"Due to COVID, many students with dlsab1lit1es were not m the classroom for14 to16 months;' Cop­ pmger told the Education Committee 'The students who are now due to graduate m 2022 have missed out tremendously on these all-important lessons wh1ch would prepare them to exit school and, m some cases, go on to mdependent living 'J'here Is tremendous

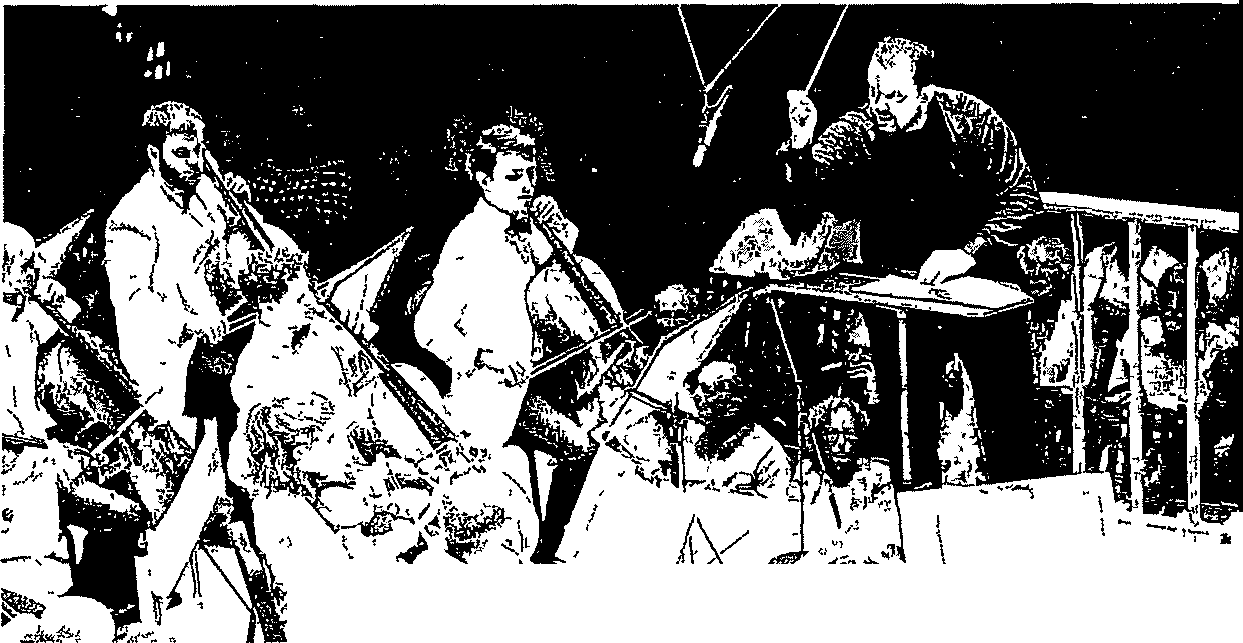
would allow mumc1pahties toseek reimbursement for offenng compensatory special education services to students *who aged out* dunng *the* pandemic

"W1thoutth1s bill, districts would need to rely solely on local and federal funding," Gentile said '1'h1s leg1s­ latlon1sv1tally importantto ensure eqmtable access to these compensatory special education servlces essen­ tial to m1bgate the hann expenenc.ed by students turning 22 during the J}andem1c"

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Live music returns with summer festivals

Kelth Powers



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Three ma,or chamber music fcstwah, take three different approat.hei. m tllmr return to live perfor­ mance Ons i.ummer Al Tanglewood, Rockport Music, and at the New­ portMuslc Festival, aud1- em,e will be retumh1g in July aner *a.* year's hlalui. The resumption of per- formances arrives with a mix of mdoor, outdoor and streamed options

Shortened perfor- mant.es, distancing pro­ tocols, limited capacity dnd additional *protea-* '

t10ns are the new norms

for concertgoers Stlll, Wlth tnusic lovers wa.ltmg more than a year for Jive concerts, the l1m1ted

tickets available are sell­ mg quickly

Newr,ort

Boston symphony Orchestra music director Andris Netsons leads the Tanglewood Music Center orchestra fn Shostakovich's First

Symphony In a July 2019 performance COURTES'l'/BSO/HILAR'I' SCOTT f>HOTOGRAPH'I'

Music Festival

At the Newport Music Festival, ad1ustments to the new protocols almost overshadow the dramatic changes In duecbon ln­ commg executive direc­ tor G1lhan Fox takes over the venerable festival, which will be performed entirely outdoors, mostly ln tents on thegrounds of Newport's famous rnan­ s10ns

Concerts will last 60-

75 mmutes, without ln­ term1ss1on, and capacl· ties w1/! be lfm1ted bydis­ tancmg protocols Fully vaccinated patrons will not be asked to wear masks, other patrons are requested to do so Proof ofvaccmew1ll be "mostly be on the honor system," Fox says "We estimate that our patrons will be fully vaccmated," she *says,* emphas12ing that the situation is fluid, and that J)rotocols may have to change

Concerts will not be avallable virtually 1t's Newport, and our live ex

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penence Is really what we're known for," Fox says

A Far Cry J)erforms on opening night, and that adventurous string en­ semble serves as a sym­ bol for the changes at Newport 'We want to present the Fa.mll1ar, but also where classical mu­ sic 1s gomg," Fox says, "works from the canon, paired with music of to­ day"

Included ln the pro­ grams1s a world premiere

- the first-ever commls­ smn *m* more *than five* decades of performances at Newport Amencan composer Stacy Garrop's "Beacon of the Bay" will be debuted by the Boston Tno on July12

P1a111sts Lata Downes and Aaron Diehl, clan­ net1st Anthony McGIii, the Harlem Quartet, Chanticleer, Brooklyn Rider and Third Coast Percussion ate among the artists m Newport's re­ vamped hneup Concerts nm through July 20 (newportmus1c org)

Rockport Music

Rockport Music re­ opens the doors of lts Shalm LIU Performance Center on July *9* The or­ gamzatlon kept active durmg the pandemic with hve-streammg and multiple recording pro­ jects, but this summer marks a return to hve per­ formances indoors

The popular chamber music festival, celebrat­ mg Its 40th anmversary, returns along with the enthusrnstlcully attended jazz and *Celtic* music *fes­* tivals Normally tl. con­ secutive run of five or six weeks, the Rockport Chamber Music Festival Wlll be limited to four weekends, spread out through July, August and September

Audiences at the July perfonnances wall be so­ cially distanced- "Six feet oFspace mall d1rectionsi" says CEO Tony Beadle That means only 125 tickets are available for the 330-seat hall Con certs will run approx!

matelylhour, w1thoutm­ termisslon Artists are scheduled for two perfor­ mances each evenmg

For the August con­ certs, spacmg protocols will be more relaxed "You won't share an armrest with anyone," Beadle says, although the 6-foot reqmretnent will no long­ er be in place ''And rn September, we'll be back to one house," Beadle says "13ut anything can happen between now and then" Masks will not be reqmred, nor wlll proof of vacclnatfon "We *can't* become the vaccln.it1on police," he says

RCMF will contmue to offer t1<:keted onhne op­ tions For audiences who aren't ready to sit mside Each festival perfor­ mance will be recorded and edited, and made available at rockport­ rnuslc org hvo days after the performance for one week

Artistic director Barry Shlffman has created a mix of new artists and fa­ mihar ones The Dover

Quartet, with p1an1st George L1, opens the fes­ tival July *9* Simone Dm­ nerste!n, the Brentano Quartet, James Ehnes1 Junction Trio, and St Lawrence Stnng Quartet are some of *the* artists performing this summer

Tanglewood

At Tanglewood, con­ certs return to the Shed and lawn, but not to Oza­ wa Hall or the other ven­ ues on the campus No vocal music will be per­ formed .Programs will run approximately 80 minute&, without mter­ miss1on The usual hectic Tanglewood summer gets reduced to six long week­ ends, openfng July 9 and running through Aug 16

Extensive protocols have been put In place Seating in the Shed will be at about 50% capacity

- about 2,400 ticket­ holders - with a 3-foot d1stancmg pohcy About 6,600 lawn tickets are available Soma! distanc­ ing wdl not be enforced

on the lawn Tanglewood Wlll not require proof of Vdccmatlon, and mask­ weanng wlll be optional

The music? Plentiful, by any standard Eman­ uel Ax performs with mu­ *sic director* Andns *Ne1-* sons and the orchestra on openmg mght, and Nel­ sons mil mamtam a strong presence through­ out the summer The shortened season m­ cludes appearances by Yo-Yo Ma, Danni Trlro­ nov, Lisa Batiashv11i, Ye­ fim Bronfman and Gll Shaham

Anne-Sophie Mutter perform a world pre­ miere of John Wilhams's second vlolm concert July 24, with the compos­ er conducting Judith Weir, Ka11a Saanaho, Ele­ na Langer, Missy Mazzoh and Jessie Montgomery Wlll have works per formed The Festival of Contemporary Music, di­ rected by Thomas Ades, also returns in a short­ ened format (bso org)

Begmnmg a practice that wfll lfkely contmtJe, select Tanglewood per­ formance<; will be streamed weekly on BSO NOW, the orcheo:;tra.'o;

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* Chain Saws I Snow Blowers

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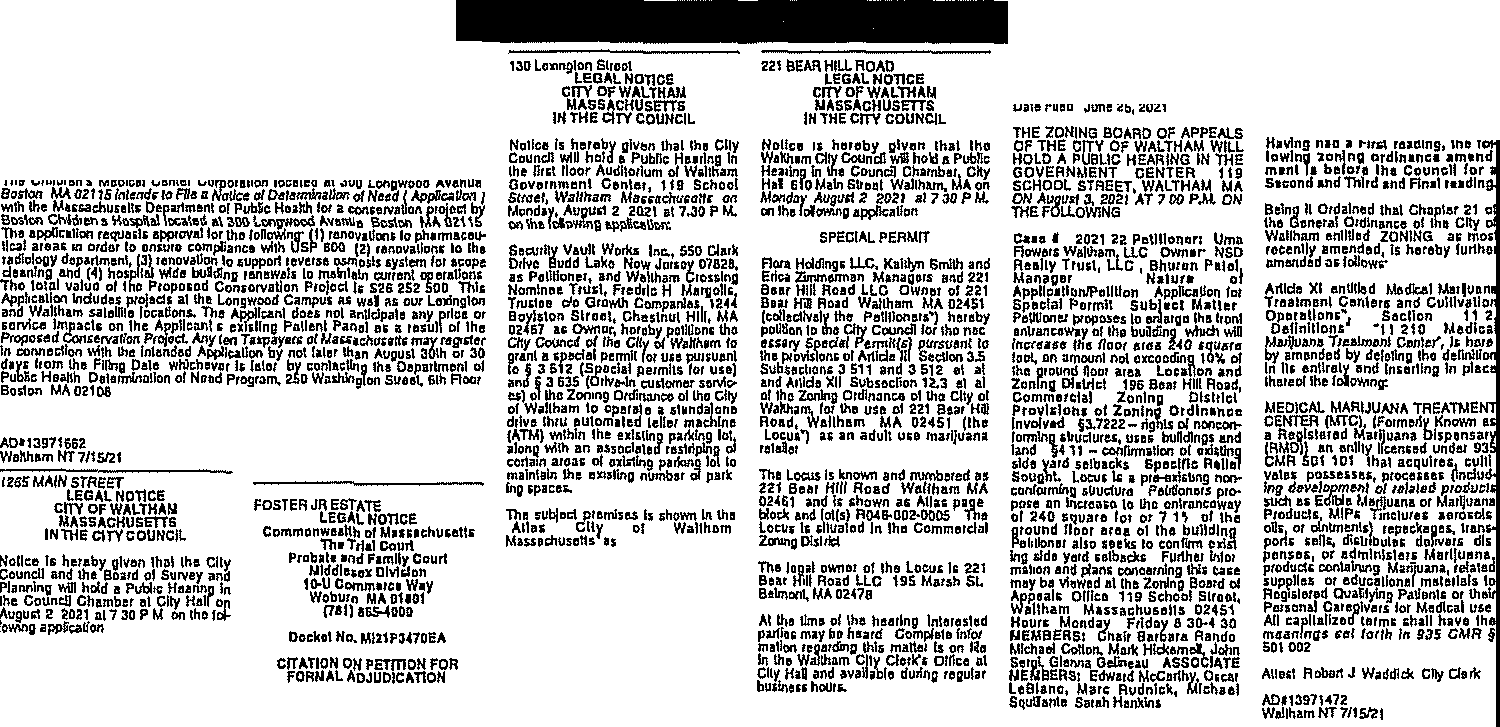
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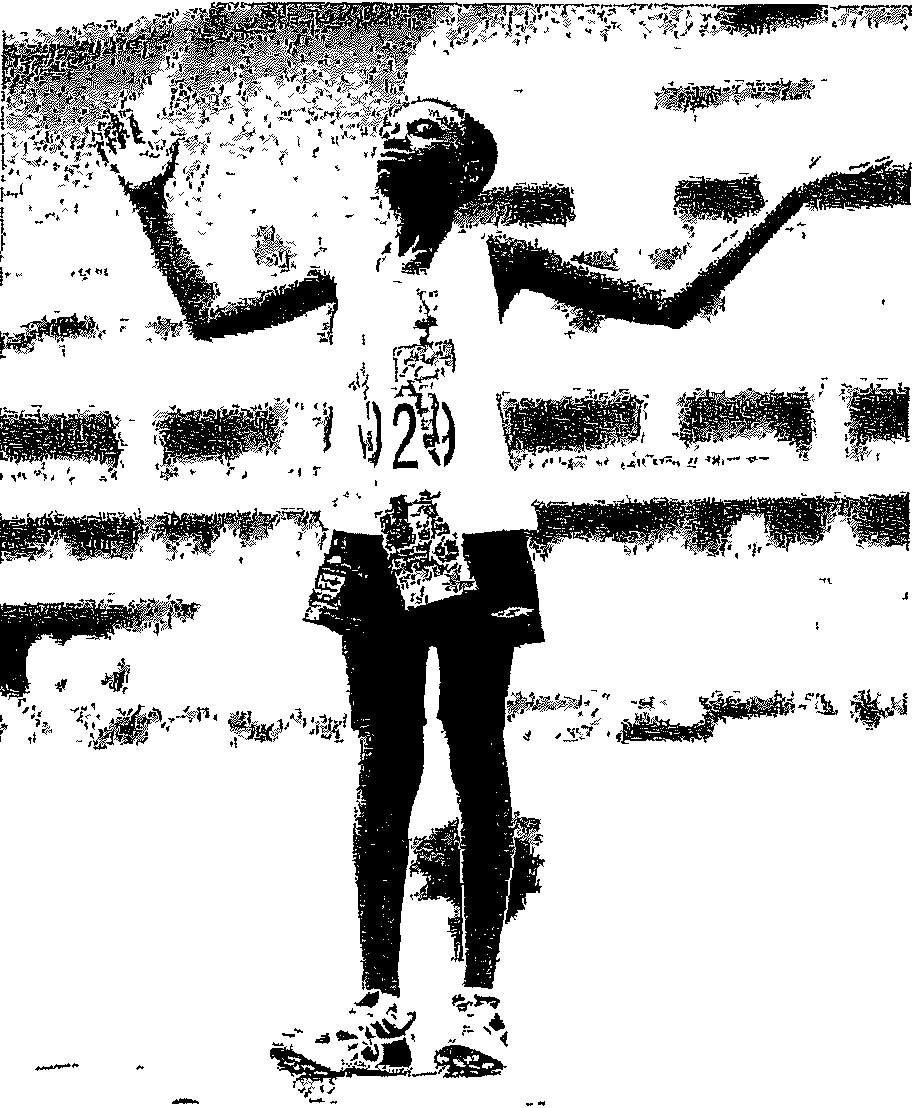
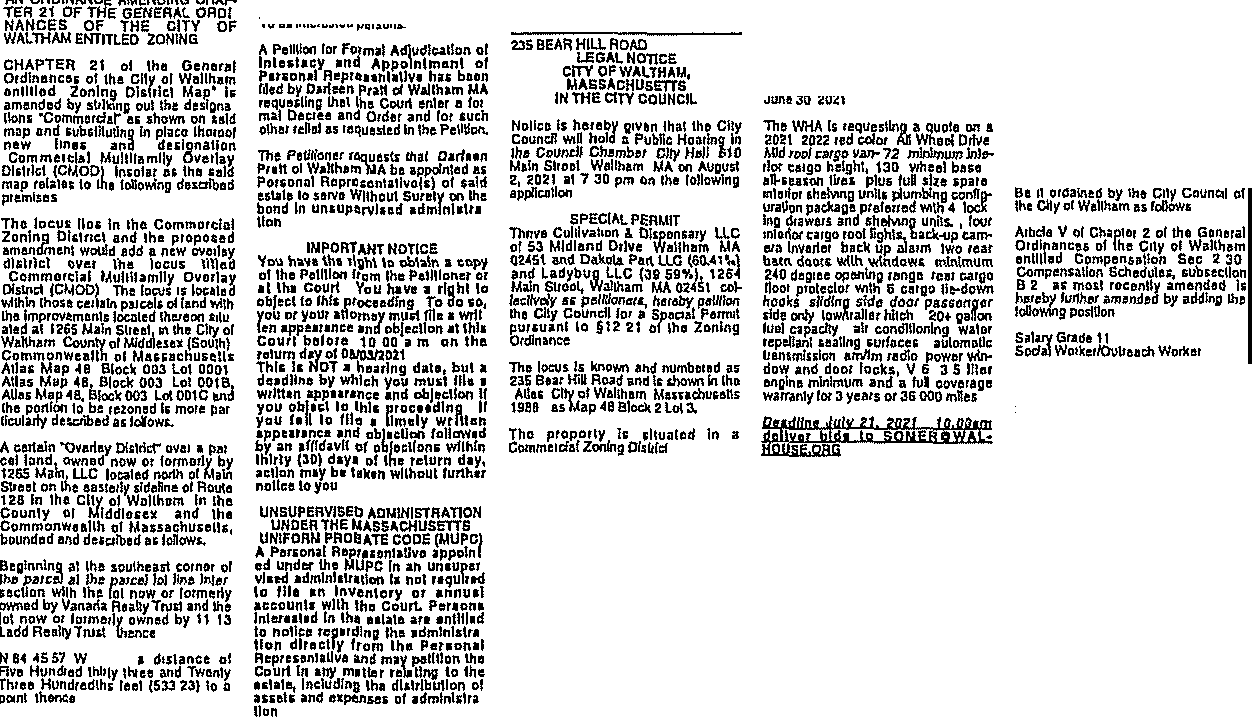
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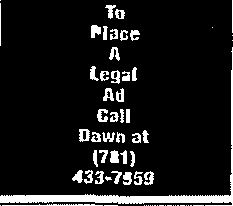
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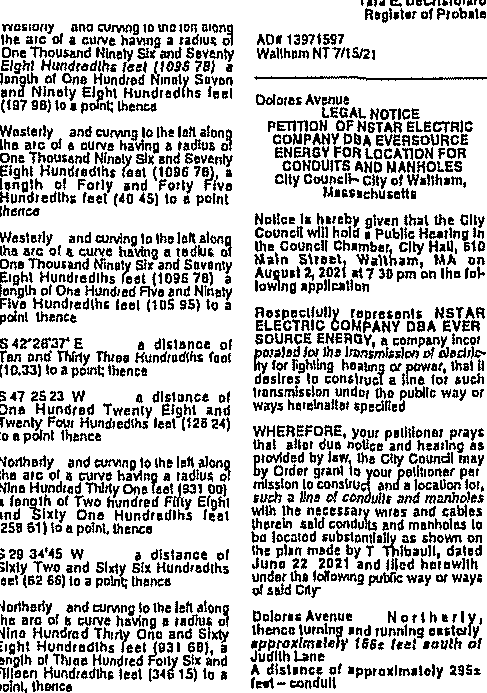
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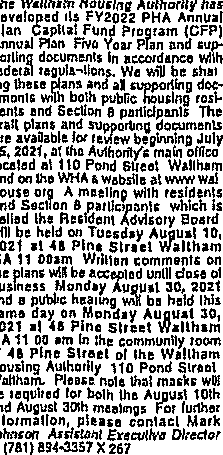
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Reopen

Continued from Page 1A

their return to the State House, and a re­ balancing of In-person and remote work," the statement reads *'We* are si­ multaneously plannmg a phased t1me­ lme of the reopening of the State House to the pubhc as well"

The State House closed to the public in March 2020 1 when legislative leaders shuttered the building as COVtD-19 cases started to surge Smee then, a small number of lawmakers, staff and other workers have made *the1r* way to Beacon Hill, wh1le many others who used to work m the buildmg are workmg

remotely mstead

Leg1slative leaders and Gov Charlie Baker have pointed to many challenges associated with reopening the State House, mcludmg how the butldmg func­ tions as a tounsm attraction, a work­ place for staff, and as a pubhc gathering space But *pressure* has been building since the state of emergency ended to reopen the bulldmg as much of the state returns to post-pandemic lifestyles

There are a great number of factors to cons1der, as the State House 1s not onlya workplace to hundreds of people, buta Frequently visited publicbmldmg/' the statement sa1d

Secretary of state Wtll1am Galvfn pushed leg1slabve leaders on Wednes­ day to reopen to the public several of the

large halls Withm the State House as tourism season getsunderway and peo­ ple start v1s1tlng hlstonca1 sites around Boston

Dunng a morning press conference, hesaid heunderstood concerns relating to large crowds, especially 1f there are *unvaccmated* mdiv1duals1 but believes halls like Done Hall, Great Hall and the Hall of Flags could be opened "without greatnskn

House leadership announced in May that Speaker Pro Tempore Kate Hogan alongside Manano's office were In the process of creating a "comprehensive plan" to reopen the buildmg to staff and the public

A tlmelme for when a plan would be

released bu twas not as of press time A

spokesperson for Hogan deferred to the statement released by Mariano and Spilka

Throughout the course of the pan­ demic, a ma1ont:y of lawmakers and staff have participated m remote ses­ sions whtle a small group have made their *way* mto the House and Senate Chambers wh1ch Spllka and Manano pomted to In their statement

'Members have retamed the ability to participate m Legislative sessions re­ motely or m-person m the Chambers when necessary," they said ''Addition­ ally, staff have contmued to work m a hybnd manner throughout the State of Emergene)' and beyond, with the major­ ity working from home and some rn the State House"

Warren

Continued from Page 1A

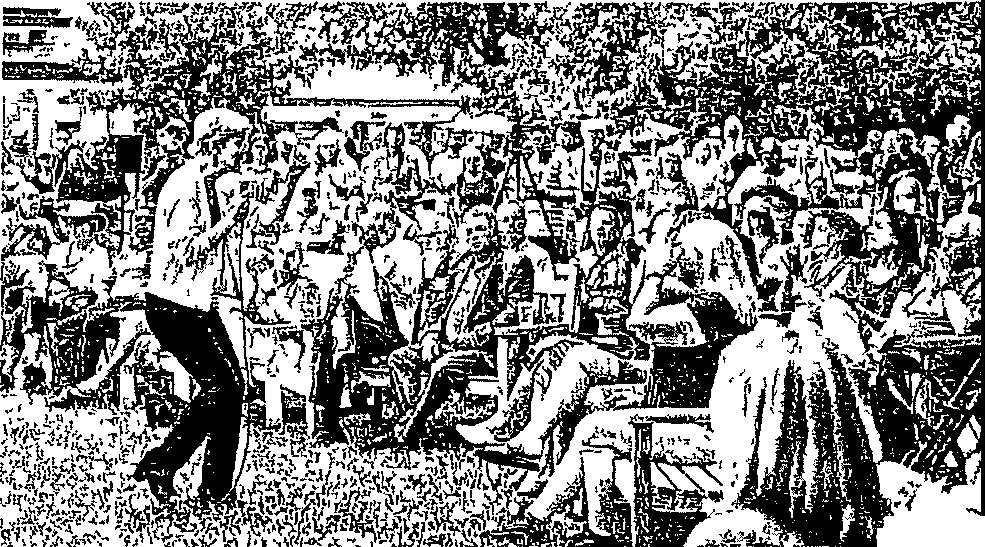
businesses U1otaren't go­ mg to gel lhal kmd or help

That'spart of the prob­ lem And another part 1s *that* small *businesses* have to evaluate who's coming back Which c..us­ tomers, what kmd of business is coming back? This pdndemfc has changedshoppers Jtmay be thdt there's pent up demand to come and ac­ tually feel the goods, and talk with the person who's selling them That would be a boost It's the part of the expenence that no one can get on Amazon I hope 1t comes back fast enough Most small busmesses don t

A large, vocal crowd turned out to the Lexington Visitors Center on July 7 to hear Sen Elizabeth Warren speak and answer questions sUBHASH c Rov

willmg to move faster and further tha11 others, but the poinl is that we're all headed in thesame direc­ tion dnd wllling lo c.om­ mlt huge reoourcei,

The For the People Act Is currently being blocked by **a** filibuster You w21nt to abolish this practice, Why Is It so harmful?



..'1.

...."\

The filibuster gives Mitch McConnell {Re­ µubhcan of Kentucky] a veto over everything that happens m the Us Sen­ ate Itdoesn'tpromotebl­

}Jart1sansh1p, it promotes an extremist holdout po­ sition McConnell has made 1t clear his ob1ec­ t1ve1s to block everythmg that President B1den does The filibuster is his tool to do that

have a long cushrnn,

they've dlready gone a year and a half But I'm hopeful because Massa­ *chusetts* has h1gh vaccl­ nat1on rates and people are now getting out and shoppmg

Vou1ve recently said

that our chlldcare system Is broken Why ls lt broken and how can we fix It?

Its broken because htgh quahty childcare costs more than most parents can afford to pay It's that simple We don't

LEGAL NOTICE

ask the parents of a sec­

ond-grader to come up with the full cost of edu­ cating that child Instead, we all make an invest­

ment because we recog­ nize that a successful second grade experience for all of our children IS beneficial to the country

at large *The* idea that

education starts at age five 1s just wrong Con­ ventional w,sdom used to be that children younger than five couldn't team anything We now know It starts way before We need to make the same kind of investment m high quahty, early learn­ mg for our babies through age five, that we make In them from five through

MERCURY RECOVERY PROGRAM

Mercury is an element that can be harmful to human health and the environment 11 not disposed of properly

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**VV1** INNOVATIONS

With the recent

heatwaves 1 and the fire In the Gulf of Mexico, the anxiety about climate change Is Increasing, especlally among young people, How can we keep making strides on thls front while keeping morale

up?

There's no s1lverbullet

*The* constftut1on pro­

vides formajontyrule ex­ cept In extraordinary cJT­ cumstances To pass a bill, all1ttakes 1s a tnaJor­ ity m the House, a ma1or­ ity m the Senate, and a President to sign off The founders considered re­ qulnng a super maJonty Theyhad expenencew1th that from the Articles of Confederation, and *saw* that 1t made governing

l>uhllc Announct..mcnt Co1mnnng a Proposed Health Care Project

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high school Part of the way we can do that 1s by usmg Federal money to helpbuild thecapacity for childcare, and to make sure childcare workers are paid on par with pub­ he schoolteachers

here There's not a smgle onethmgwecan dothat's gomg to avert the cnsts Instead, we're gomg to have to move forward on multiple fronts Here's the good news we have a maJonty m the Senate, a maJonty m the House, and a President who are all committed to big changes

We need resilience, but we also need to re verse emissions Weneed a green energy gnd We need mcreased research mto *topics* like pulling carbon out of the air The way I stay ophm1stlc I,; to recogm?e that we've got our toes nght on the lme There ic: so much we can do by regulating, by ln­ ve1;tmg, by rebmldmg our bao:;lc mfrastmcturc with climate in mmd And the push commg from hchmd us 11> &o strong that even h1 a pohlically brokcu place hkc Wa1:,hmgton we've got a good chant..c to make the leap and do what we need to do ll's going lo be hard, but Washmgton Is11s{enlng

Democrats are listen­ ing, I should say I have to be pohtical about th1s One *of the* two parties contmues to engage m climate denial But Dem­ ocrats as a party are now committed Some are

vutually impossible, We've got to go back to those roots now The fill­ buster has been used re­ peatedly to keep the con­ gress from passmg laws that would have promot­ ed equality

For example, anti lynchmg Jeglslat1on was Introduced more than a century ago It got a ma­ jonty in the Senate, but failed because of the fili­ buster Way before the CJV1l Rights Movement over and over1t was rem­ troduced and failed be­ cause of the flhbuster This has thwarted our best democratic idea,;

Is It reallstlc':1

t think c:o Tf Mitch McConnell thought It would help the Republ1- cam, and they were m the majonty, he'd get nd or1t a heartbeat Look at what the two sides want to do The Rc)lubhcans want to cut taxes and appornt ex­ tremist right-wing Judges Neither of those can be filibustered The Democrats want to pass climate legislat1on, lmm1- gratlon reform, and pro­ *tect* voting around the country All of those are sub1ect to the filibuster



NEWS

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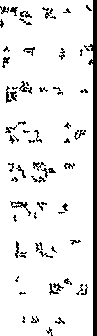
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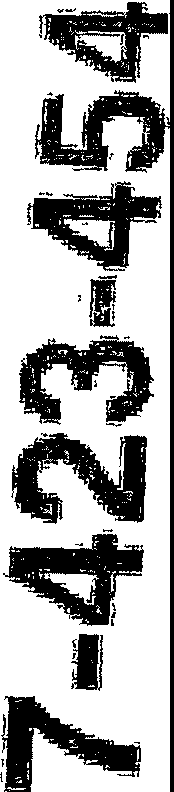
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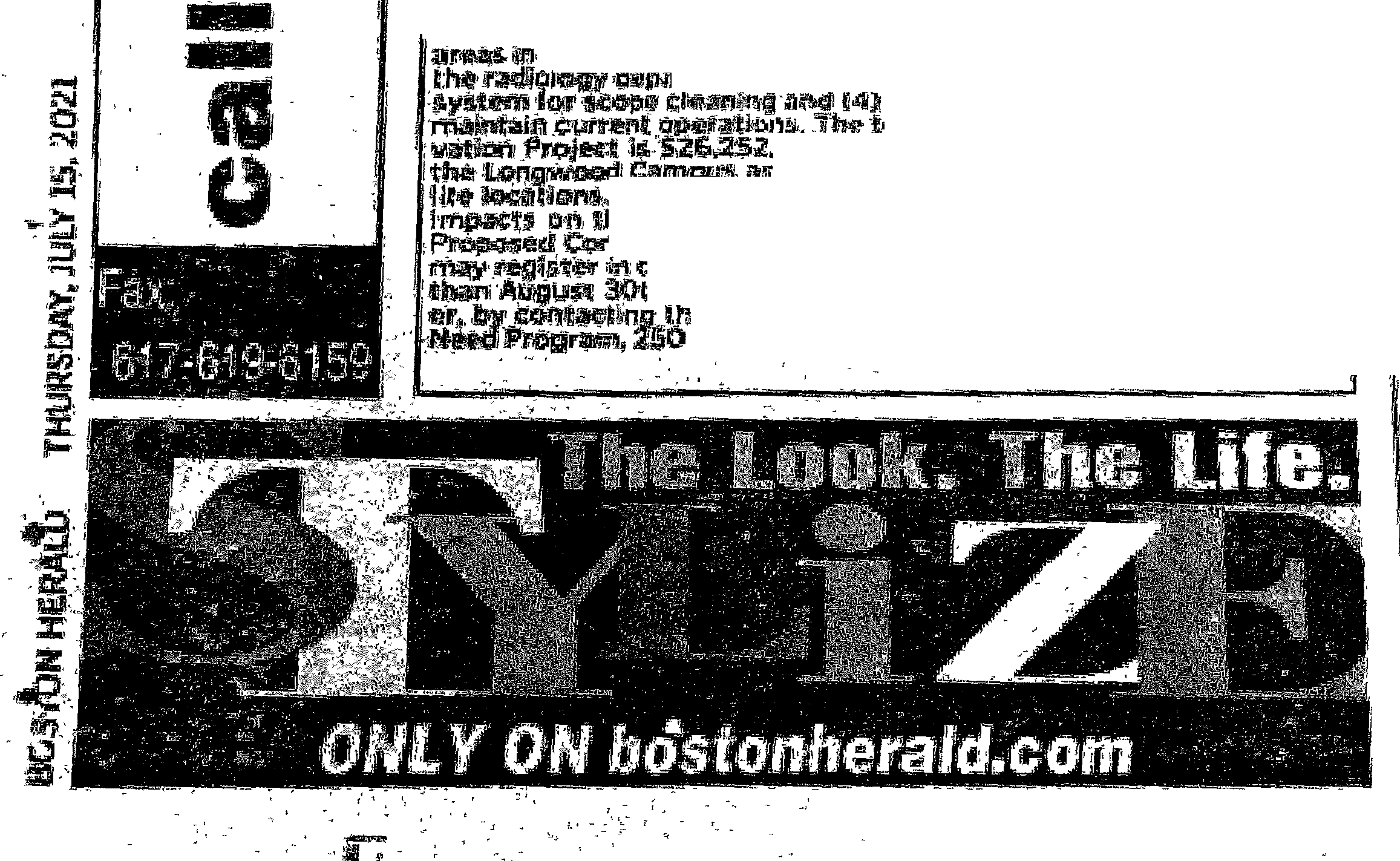
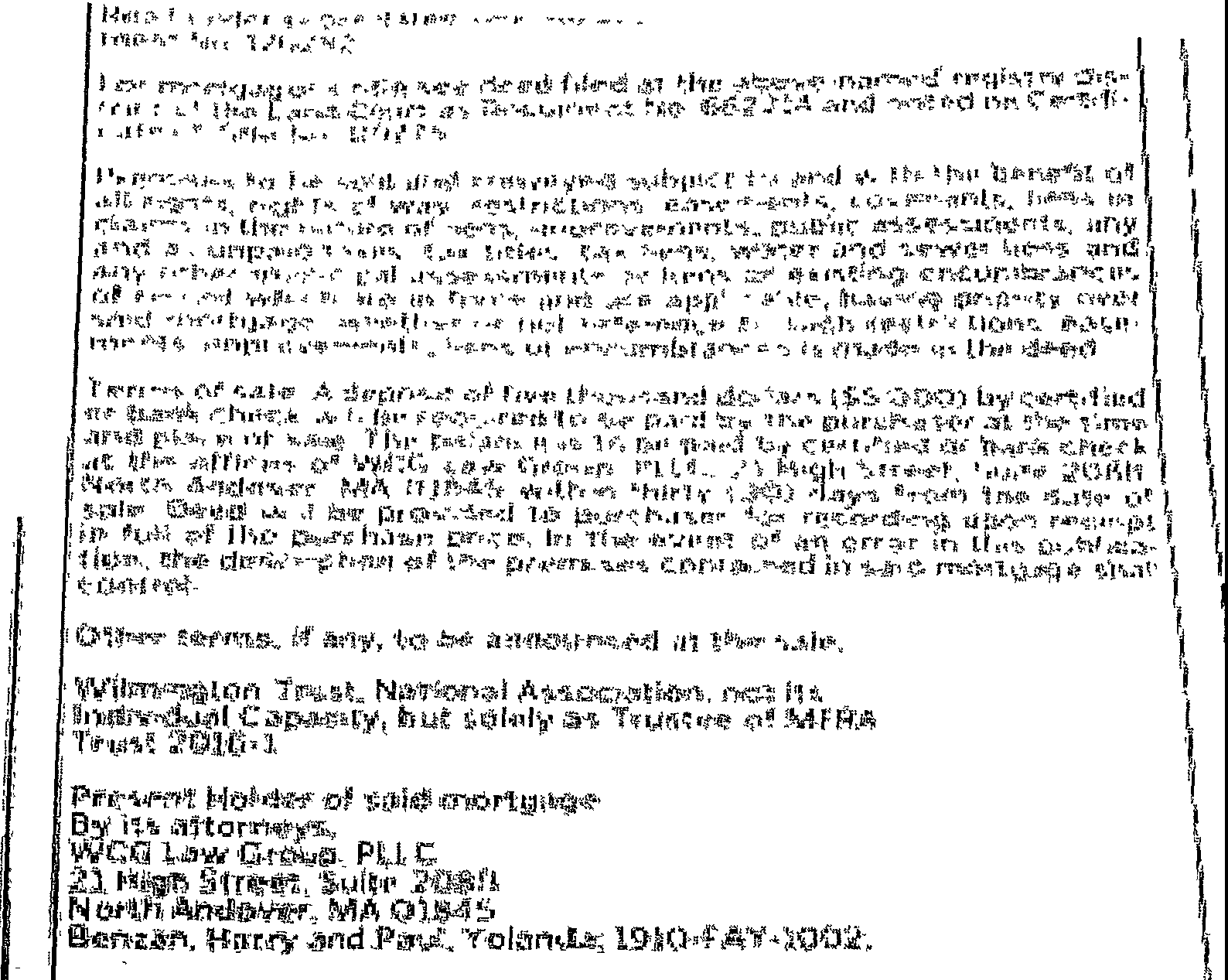
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The Children's Medical Center Corporation BCH-21072306-CH

Exhibit 4: Affidavit of Truthfulness Form

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Massachusetts Department of Public Health

Determination of Need Affidavut of Truthfulness and Compliance wnth law and Disclosure Form 1oo.40S(B)

###### Version: 7-6-17

###### **lnsfructlons:** Complete Information below. When completechecic"the box ''This document is ready to print:". This will date stamp and lock the form. Print Form. Each petson must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.d ! !e.ma.us** Include all attachments as requested.

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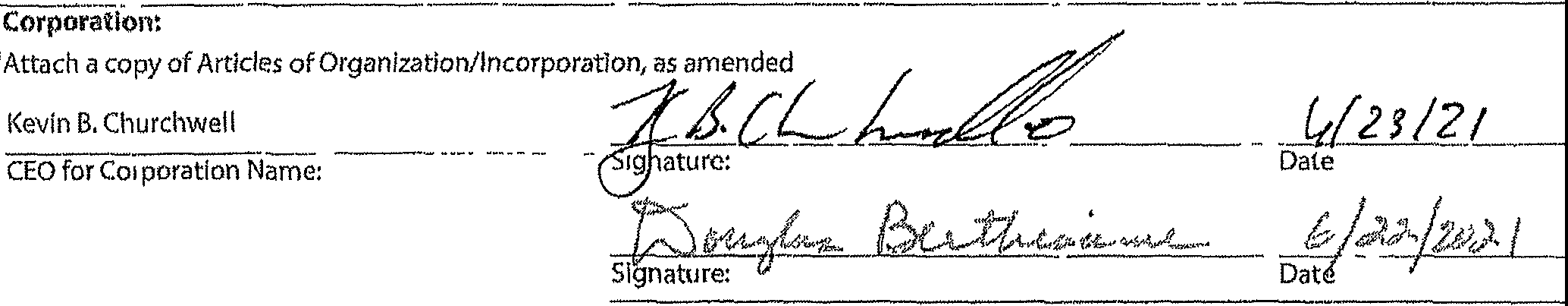
he Children's Medical Center Corporation *\_-\_-\_-..::..::\_-..::..::..::\_-\_-\_· ·.* -···.. " ···--·-=:]

###### /\pplication rype: tonse'rvationHospital/Clinic ProJ'\_e\_ct '

###### Applicant's Business Type: *(8'* Corporatlon *('* Limited Partnership *('* Partnership *('* Trust *('* LLC *('* Other

Is the Applicant the ,;ole member or sole shdreholder of the Health Facility(les) that are the subject of this Application? *(<o* Yes *c* No

The t nderslgned *certifies* under the pains and penaJties ofperjury: MM M---"- M -- -·--·- -- -



###### 1. The Applicant is the sole corporate member or sole shareholder of the Health Faclllty[ies] that are the subject of this Application;

2, I *have* been informed of the contents of 105 CMR 100.000, the Massachusetts Determination of Need Regulation;

###### l understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;

###### I have been Informed of the contents of this appllcat1on for Determination of Need lndudlng all exhibits and attachments, and have been Informed that all of the information contained herein is accurate and true;

###### I have submitted the correct Filing Fee and understand It is nonrefundable pursuant to1OS CMR 100.405(8);

###### I have submitted the required copies ofthls appHc:atlon to the Determination of Need Program,and, as applicable, to al! Parties of Record and other parties as required pursuant to 105 CMR 100.405(8};

###### f have caused, as required, notices of intent to be published and duplicate copies to be submitted toall Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405{C), et seq.;

###### I have been Informed that proper notification and submissions were made to the Secretary of Environmental Affairs pursuant to

###### 105 CMR 100.405(E) and 301 CMR 11.00;

###### lf subject to M.G.L. c.6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC- In accordance with 105 CMR 100.405(G);

###### 1o. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in materlal and

###### substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all Notices

###### of Determ /nation of Need issued In compliance with 105 CMR 100.00, effective January 27, 2017 and amended Dec 28, 2018;

###### I have read and understand the !imitations on solicitation of funding from the general public prior to receiving a Notice of

Determination of Need as established In 105 CMR 100.415;

###### I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to105 CMR 100.31o,as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwlse become a part of the Final Action pursuant to 105 CMR 100.360;

###### Pursuant to 105 CMR 100.705(A), I certify that the Appllcant has Sufficient Interest in the Site or facility; and

###### Pursuant to 105 CMR 100.705(A), l certify that the Proposed Project ls authorized under applicable zoning by-laws or ordinances, whether or not a special permit ls required; or, (a} If the Proposed Project ls not authorized under applicable :zoning by-laws or ordinances, a variance has been recevied to permit such proposed project; or,{b) The proposed project is exempt from zoning by-laws or ordinance

###### Douglas A. Berthiaume

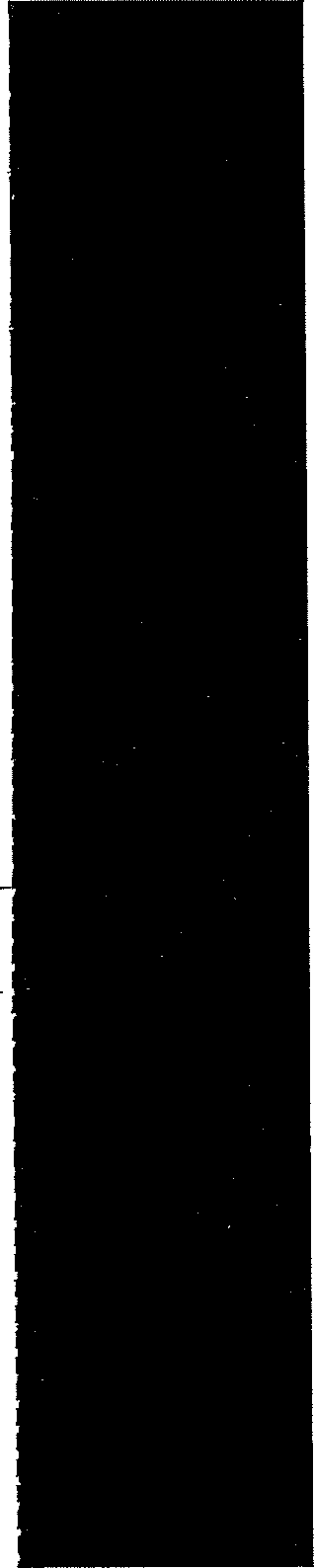
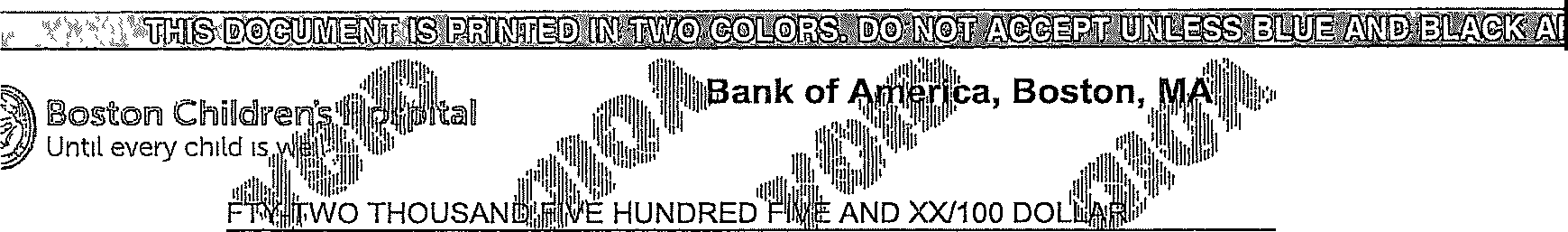
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###### Board Chair for Corporation Name:

Affidavlt ofT1uthfulness The Chlldren's Medh:al Center Corporntlon Page 1 of 2

The Children's Medical Center Corporation BCH-21072306-CH

Exhibit 5: Scanned Copy of Application Fee Check



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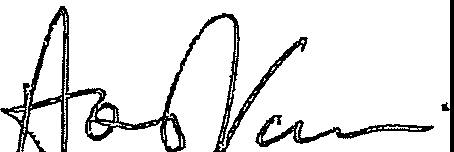
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The Children's Medical Center Corporation BCH-21072306-CH

Exhibit 6: Affiliated Parties Table Question 1.9

Massachusetts Department of Public Health Determination of Need

Affiliated Parties

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Version 3-15-17

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Applicant Information

Application Number ILB\_C\_H\_-2\_1\_0\_72\_3\_0\_6\_-C\_H ,

Applicant Name The Children's Medical Center Corporation

Contact Person- .I.L..D::o::n::n::a::\_ca\_s::e::y::::::::::::::::::::::::::::::::::::::::::::.::;---------------------'I Title Vice President, Strategic Business Planning, Analysis, and Budget

Phone.

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1 Ext LI--- E-mail ldonna [casey@childrensharvard.edu](mailto:casey@childrensharvard.edu)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Affiliated Parties | | | | | | | | | | | | |
| 1 9 Aff1hated Parties:  List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest m the application | | | | | | | | | | | | |
| Add/ Del Rows | Name (Last) | Name (First) | Mailing Address | City | State | Affiliation | Pos1t1on with affiliated entity  (orw1th Applicant) | Stock, shares, or partnership | Percent Equity  (numbers  only) | Conv1ct1ons or violations | List other health care fac1ht1es affiliated with | Business relanonsh1p With  Applicant |
| IB3[] | Berthiaume | Douglas | 18 Buttonwood Drive | Andover | MA | The Children's Hospital  Corporation | Director/Officer |  | 0% | No |  | No |
| 83[] | Bufferd | Allan | 8 Whitney Road | Newtonv1lle | MA | The Children's Hospital  Corporation | Director/Officer |  | 0% | No |  | No |
| [!][] | Churchwell | Kevm | 14Ba)dpate Hill Road | Newton Center | MA | The Children's Hospital  Corporatmn | Officer |  | 0% | No |  | No |
| t±][] | F,shman | Steve | 11 Bradford Road | Weston | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| G][] | Fleisher | Gary | 101 Waban Park | Newton | MA | The Children's Hospital  Corporation | D1rector |  | 0% | No |  | No |
| [B[] | Henderson | Winston | 70Northampton Street, Apt 101 | Roxbury | MA | The Children's Hospital  Corporat1on | Director |  | 0% | No |  | No |
| fa:][] | Horn | Ivor | 581 Manon Ave | Palo Alto | CA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| t±][] | Karp | Stephen | 3 Possum Road | Weston | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| l±J[] | Knchrnar | Steven | 5Preston Circle | Andover | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| [±][] | Langer | Robert | 98 Montvale Road | Newton | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| G][] | Laussen | Peter | 419 Commonwealth Avenue, Unit 3 | Boston | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Add/ Del Rows | Name (Last) | Name (First) | Mailing Address | City | State | Affihat1on | Pos1t1on with affiliated entity  (or with Apphcant) | Stock, shares, or partnership | Percent Equity  (numbers  only) | Conv1ct1ons or v1olat1ons | List other health care fac1ht1es affihated with | Business relat1onsh1p  With Applicant |
| tt][:] | Lee | V1v1an | 240 Mercer Street #301 | New York | NY | The Children's Hospital  Corporation | Dtrector |  | 0% | No |  | No |
| [!][:] | Lod1sh | Havey | 120 Seaver Street, Ur11t C202 | Brookline | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| [±}[:] | loverman | Gary | 5 Sabnna Farm Road | Wellesley | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| II][:] | Martm | Ralph | 202B Allandale Road | Chestnut Hill | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| [ill[:] | Melendez | Thomas | 88 Exeter Street | West Newton | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| E!:J[:] | Pappend1ck | Wilham | 164 Brattle Street | Cambridge | MA | The Children's Hospital  Corporatron | Director |  | 0% | No |  | No |
| [±![:] | Proctor | Mark | 470 Commonwealth Avenue | Newton | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| II][:] | Regan | Kathleen | 72 Willow Street | Brooklyn | NY | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| +/- | Taunton-  Rigby | Altson | B Farrar Road | Lmcoln | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| EEG | Smith | Robert | 35Cansbrooke Road | Wellesley | MA | The Children's Hospital  Corporation | Director/Officer |  | 0% | No |  | No |
| l::ffi[:]  □ | W1elan | Lisa | 16 Elm Street | Wellesley | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| !ill  □ | Wolpow | Marc | 17Clark Road | Wellesley | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| . | Wood | Laura | 59 South Cottage Road | Belmont | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| BfEl | Young | Gregory | 4 Sundance Way | Natick | MA | The Children's Hospital  Corporation | Director |  | 0% | No |  | No |
| EB□ |  |  |  |  | MA |  |  |  |  |  |  |  |
| [:±]E] |  |  |  |  | MA |  |  |  |  |  |  |  |
| [±JE] |  |  |  |  | MA |  |  |  |  |  |  |  |

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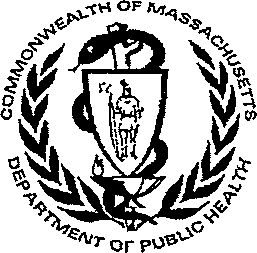
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The Children's Medical Center Corporation BCH-21072306-CH

Exhibit 7: Change in Service Tables Questions 2.2 and 2.3

Massachusetts Department of Public Health Determination of Need

Change in Service

Version DRAFT 6-14-17



Apphcat1on Number IBCH-21072306-CH

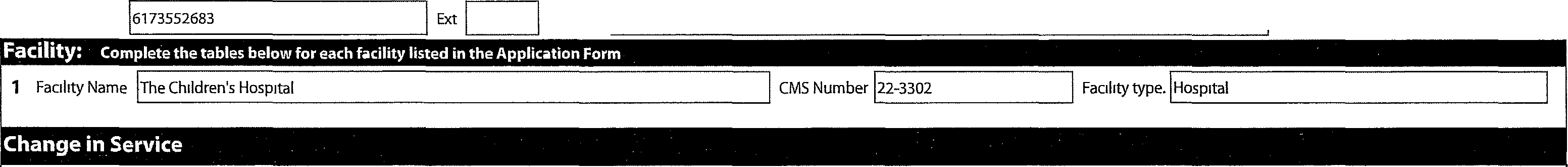
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##### Applicant Information

Original Application Date l'-0\_7\_12\_9\_/2\_0\_2\_1 ,

Applicant Name The Children's Medical Center Corporation Contact Person l D\_o\_n\_n\_a\_M\_C\_a\_se\_y

ITitle Vice President, Strategic Business Planning & Budget



Phone

E-mail· \donna casey@ch1ldrens harvard edu

[

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2 2 Complete the chart below with existing and planned service changes Add add1t1onal services with in each grouping if applicable. | | | | | | | | | | | | | | |
| dd/Del | | Licensed Beds  Existing | Operating Beds  Existing | Change in Number of Beds  { +/-)  Licensed Operating | | Number of Beds After Project Completion {calculated)  Licensed Operating | | Patient Days  (Current/ Actual) | Patient Days  Projected | Occupancy rate for Operating Beds  Current Beds Projected | | Average Length of Stay  (Days) | Number of Discharges  Actual | Number of Discharges  Projected |
| Rows |  |
|  | Acute |  | | | | | | | | | | | | |
|  | Medical/Surgical |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Obstetncs (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Ped1atncs | 272 | 283 |  |  | 272 | 283 | 81,488 | 81,488 | 79% | 79% | 44 | 18,267 | 18,267 |
|  | Neonatal Intensive Care | 24 | 24 |  |  | 24 | 2.4 | 7,817 | 7,817 | 89% | 89% | 229 | 341 | 341 |
|  | ICU/CCU/SICU | 108 | 97 |  |  | 108 | 97 | 27,932 | 27,932 | 79% | 79% | 214 | 1,301 | 1,301 |
| ±][:] | Waltham Ped1atncs | 11 | 11 |  |  | 11 | 11 | 775 | 775 | 19% | 19% | 1 02 | 757 | 757 |
|  | Total Acute | 415 | 415 |  |  | 415 | 415 | 118,012 | 118,012 | 78% | 78% | 49.72 | 20,666 | 20,666 |
|  | Acute Rehabihtation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehab1htat1on |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Acute Psychiatric |  | | | | | | | | | | | | |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Add/Del Rows |  | | lrcensed Beds  Exrsting | Operatrng Beds  Exrsting | Change rn Number of Beds ( +/-)  Lrcensed Operating | | Number of Beds After Project Completron (calculated)  lrcensed Operating | | Patrent Days  (Current/ Actual) | Parrent *Days*  Projected | | Occupancy rate for Operatrng Beds  Current Beds Projected | | | | Average Length of Stay  (Days) | | Number of Discharges  Actual | | Number of Drscharges  Projected |
|  | Adult | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Adolescent | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Pedratrrc | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Gerratnc | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| 1+)1- |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Total Acute Psychiatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Chronic Disease | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| 1+11- |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Total Chrome *Disease* | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Substance Abuse | |  | | | | | | | | | | | | | | | | | |
|  | detox1ficat1on | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | short-term intensive | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| +II-I |  | |  |  |  |  |  |  |  |  | | -0% | | 0% | |  | |  | |  |
|  | Total Substance Abuse | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Skilled Nursing Facility | |  | | | | | | | | | | | | | | | | | |
|  | Level II | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Level Ill | |  |  |  |  |  |  |  |  | | CJ% | | 0% | |  | |  | |  |
|  | level IV | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| r+1R |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Total Skilled Nursing | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 2 3 Complete the chart below If there are changes other than those hsted in table above | | | | | | | | | | | | | | | | | | | | |
| Add/Del Rows | | **List other services** 1f Changing e g OR, MRI, etc | | | | | | | | | Existing Number of Units | | Change in Number+/- | | Proposed Number of Units | | Existing Volume | | Proposed Volume | |
| [±l[:J | | Not Applicable | | | | | | | | |  | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | |

Change in Servrce The Children's Medical Center Corporation BCH-21072306-CH 07/23/2021 7 38 am Page 2 of3

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E-mail submission to Determinatmn of Need

Change m Service The Children's Medical Center Corporation BCH-21072306-CH 07/23/2021 7 38 am Page 3 of3

The Children's Medical Center Corporation BCH-21072306-CH

Exhibit 8: Certification from an Independent Certified Public Accountant

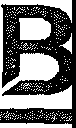
Analysis of the Reasonableness of Assumptions Used For and

Feasibility of Projected Financials of:

**Children's Medical Center Corporation** For the Years Ending September 30, 2021 Through September 30, 2026

The report accom panymg these fmanoal statements was issued by

*BOO USA,* LLP, a Delaware t1m1ted hab1hty partnership and the *U* 5 member of BDO International L1m1ted, a UK company limited by guarantee

I **DQ**

Tel: 617-422-0700

IBDQ

Fax. 617-422-0909

[www.bdo.com](http://www.bdo.com/)

One International Place Boston, MA02110-1745

August 30, 2021

DonnaM. Casey Vice President

Boston Children's Hospital 300 Longwood Avenue BY483

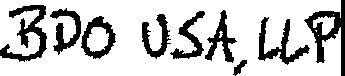
Boston, MA 02215

RE: Analysis of the Reasonableness of Assumptions and Projections Used to Support the Financial Feasibility and Sustainability of the Proposed Projects

Dear Ms. Casey:

Enclosed is a copy of our report on the reasonableness of assumptions used for and feasibility of the financial projections for Children's Medical Center Corporation. Please contact me to discuss this report once you have had an opportumtyto review.

Sincerely,



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B DO1s the brand name for the BDO network and for each of the BDO Member Firms

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3. [FEASIBILITY 16](#_TOC_250000)

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www bdo com

One International Place Boston, MA 02110-1745

August 30, 2021

Donna M. Casey Vice President

Boston Children's Hospital 300 Longwood Avenue BY483

Boston, MA02215

RE: Analysis of the Reasonableness of Assumptions and Projections Used to Support the Financial Feasibility and Sustainability of the Proposed Projects

Dear Ms. Casey:

We have performed an analysis related to the reasonableness and feasibility of the fmanc1al proJections (the "Projections") of Children's Medical Center Corporation ("Children's" or "the Applicant") related to its fiscal year 2021 and 2022 Determination of Need ("DON") filing which will include the proposed conservation projects (the "Proposed Projects"), described further below. This report details our analysis and findings with regards to the reasonableness of assumptions used in the preparation of the ProJections and feasibility of the projected financial results prepared by the management of Children's ("Management"). This report is to be used by Children's in connection with its DON Application - Factor 4 and should not be distributed or relied upon for any other purpose.

1. EXECUTIVE SUMMARY

The scope of our review was limited to an analysis of the six-year financial proJections for the Applicant for the fiscal years ending 2021 through 2026 prepared by Management and the supporting documentation m order to render an opinion as to the reasonablenessof assumptions used in the preparation and feasibility of the Projections.

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Ms Casey Ch1ldren'sMed1calCenter Corporation

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The Projections exhibit a cumulative operating EBITDAsurplus of approximately 9.2 percent of cumulative projected revenue for Children's for the six years from fiscal year ("FY") 2021 through FY 2026. Based upon our review of the relevant documents and analysis of the Projections, we determined the anticipated operating EBITDA surplus is a reasonable expectation and based upon feasible financial assumptions. Accordingly, we determined that the Projections are reasonable and feasible, and not likely to have a negative impact on the Applicant's patient panelorresult in a liquidation of Children's assets. A detailed explanation of the basis for our determination of reasonableness and feasibility is contained within this report.

# RELEVANT BACKGROUND INFORMATION

Children's, d/b/a Boston Children's Hospital, includes (1) Children's Hospital (the "Hospital"), which engages in pediatric patient care, research, training, and community service, (2) 15 tax­ exempt physician foundations (the "Foundations"), which are organized for charitable, scientific, and educational purposes and operate for the benefit of the Children's Hospital and Harvard Medical School, (3) the Physicians' Organization at Children's Hospital (the "PO"), which provides coordination and general oversight of the clinical and medicine practices and related health care services of the Foundat10ns, (4) CHB Properties, Inc., which owns and operates real estate and distributes the net income of such property to Children's, (5) Longwood Research Institute, Inc., which holds real property for the benefit of the Hospital to further its research mission, (6) Boston Children's Health Physicians, a fully integrated health care community that provides pediatric inpatient and outpatient care to patients in New York,

Ms. Casey Children's Medical Center Corporat10n

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Connecticut, and New Jersey, (7) Blood Research Institute, Inc. and (8) Boston Children's Health lnternat10nal, LLC.

The Applicant proposes to complete a series of conservation *I* renovation projects to its main campus at Longwood and satellite locations in Lexington and Waltham. The Longwood campus includes inpatient, outpatient, research and administrative space and serves approximately 22,500 discharges and 378,000 outpatient visits annually. The Waltham campus includes surgical inpatient beds supported by six operating rooms and additional outpatient specialty services and serves approximately 1,030 discharges and 135,000 outpatient visits annually. The Lexington campus includes outpatient specialty services and serves approximately 24,900 outpatient visits annually. The conservation proJects are designed to sustain and restore facility components and include (1) pharmacy, (2) radiology, (3) building restoration, and (4) reverse osmosis water filtration.

The renovations to the pharmacies relate to Federal and state legal and regulatory medication compounding requirements which requires hazardous medications to be compounded in a separate area from non-hazardous medications. Sterile medications must be compounded using a containment hood and other approved equipment in an appropriately vented area. Sterile and non-sterile hazardous medication room air and containment hood air must be exhausted to outside of the building. The Hospital approved the release of additional capital in March 2021 related to a previously approved multi-year renovation project to ensure compliance with these requirements. The additional capital is related to complexities of reconstructing the HVAC systems in an area immediately adjacent the inpatient unit, 1,200 square feet of additional space, and coronavirus disease of 2019 ("COVID-19") related requirements and delays. The

Ms Casey Children's Medical Center Corporation

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Applicant has two distinct locations on the Longwood campus that require additional renovation to restore the facility to regulatory compliance. The renovations for the pharmacy locations have an anticipated completion date in FY 2022.

The renovations to the radiology department relate to an existing multi-year plan to renew its current imaging services as they pass end of life capabilities while allowing for the delivery of care to continue on both the Longwood and Waltham campuses. The scope of the renovations included as part of the Proposed Projects includes the architectural and design fees to evaluate renewal opportunities for ultrasound, general radiology, intervention al radiology, and overall waiting room space.

Building restoration included as part of the Proposed Projects relates to the replacement and upgrades to elevators, roofs, fac;:ade, windows, utilities, transformers, air handlers, nurse call and facility automation systems on the Longwood campus, replacement of the HVAC unit at the Lexington campus, and replacement, upgrades, or code compliance enhancements to such systems or components including automatic doors, generators, electrical switchgear, electrical d1stribut1on, fire alarm, electrical paneling, pneumatic tub systems, facility automat10n, etc. at the Waltham campus.

The Applicant anticipates the need to make renovations to upgrade the current reverse osmosis water filtration system. This system supports the sterilization of scopes.

## Ill. SCOPE OF REPORT

The scope of this report is limited to an analysis of the six-year financial projections for Children's, the Applicant, for the fiscal years ending 2021 through 2026, prepared by Management, and the supporting documentation in order to render an opinion as to the reasonableness of assumptions used in the preparation and feasibility of the Projections. Reasonableness is defined within the context of this report as supportable and proper, given the underlying information. Feasibility is defined as based on the assumptions used the Proposed ProJects are not likely to result in a liquidation of the underlying assets or the need for reorganization.

This report is based on prospective financial mformat10n provided to us by Management. BDO understands the prospective financial information was developed as of March 11, 2021 and represented the most current version of detailed multi-year prospective financial information available at the time BDO performed its procedures, and is still representative of Management's expectations as of the drafting of this report.1 BDO has not audited or performed any other form of attestation services on the projected financial information related to the operations of Children's.

If BDO had audited the underlying data, matters may have come to our attention that would have resulted in our using amounts that differ from those provided. Accordingly, we do not express an opinion or any other assurances on the underlying data presented or relied upon in

1 BOO notes the prospective financial information does notmclude anyanticipated impacts related to the Applicant's separate DON appbcat10 n for substantial capital expenditure m Waltham, Needham, and Weymouth Further, BOO notes the financial model was updated as of August 12, 2021 to include FY 2026.

#### this report. We do not provide assurance on the achievability of the results forecasted by the Applicant because events and circumstances frequently do not occur as expected, and the achievement of the forecasted results are dependent on the actions, plans, and assumptions of Management. We reserve the right to update our analysis in the event that we are provided with additional information.

1. SOURCES OF INFORMATION UTILIZED

#### In formulating our opinions and conclusions contained in this report, we reviewed documents produced by Management as well as third party industry data sources. The documents and information upon which we relied are identified below or are otherwise referenced in this report:

#### Financrnl Model for the Applicant for the periods ending September 30, 2016 through September 30, 2026;

#### Overview of Key ModelAssumptions;

#### FY21 Q1 Operating and Capital Budget and FY21 Operating and Capital Plan presented to the Finance Committee, dated September 9, 2020;

#### FY21 Q2 Budget and Rolling Operating Plan and FY21 Q2 Capital Budget and Plan presented to the Finance Committee, dated December 10, 2020;

#### Financial and Statistical Report for the period ended December 31, 2020;

#### Report of Independent Auditors on Debt Compliance, dated January 27, 2021;

#### Audited Consolidated Financial Statements and Supplementary Information for Boston Children's Hospital and Subsidiaries for Years Ended September 30, 2020 and 2019;

Ms Casey Children's Medical Center Corporat10n

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August 30, 2021

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###### Audited Consolidated Financial Statements and Supplementary Information for Boston Children's Hospital and Subsidiaries for Years Ended September 30, 2018 and 2017;

###### Gain from Operations Actual to Budget Comparison for FY 2005 through FY 2019;

###### PEtL Crosswalk to Q1 and Q2 Budget Presentat10ns;

###### Working Summary of 2021 Conservation Projects;

###### Project Descriptions;

###### Main Campus Radiology Masterplan, dated March 2021;

###### Clm1eal Building Second Floor Plan;

###### Change Orders, Proposals, and Other Supporting Documentation Related to the Pharmacy Renovation;

###### Vendor Bids, Proposals, and Other Supporting Documentation Related to Engineering Components;

###### Capital Authorization presentation to the Fmance Committee related to the Pharmacy Renovations, dated March 17, 2021;

###### G. Greene Construction Company and CW Design Estimates and Other Supporting Documentation Related to the Reverse Osmosis Water Filtration Renovations;

###### Draft Determination of Need appl1Cation form for the Applicant;

###### Long Term Plan Presentation to the Fmance Committee, dated January 16, 2019;

###### RMA Annual Statement Studies, published by The Risk Management Association;

###### Definitive Healthcare data;

###### IBISWorld Industry Report, Hospitals in the US, dated January 2021; and

###### Determination of Need Application Instructions dated March 2017.

Ms. Casey Children's Medical Center Corporation

IBDQ

August 30, 2021

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# REVIEW OF THE PROJECTIONS

This section ofour report summarizes our review of the reasonableness of the assumptions used and feasibility of the Projections.

The following tables present the Key Metrics, as defined below, which compare the operating results of the ProJections to market information from RMAAnnual Studies ("RMA"), IBISWorld, and Definitive Healthcare as well as the Applicant's historical performance, to assess the reasonableness of the proJections.

Key Financial Metrics and Ratios Projected

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Children's Medical Center Corporation | 2021 | 2022 | 2023 | 2024 | 2025 |  | 2026 |
| Profitability |  |  |  |  |  |  |  |
| Operating Margm (%) | -3.5% | 1.6% | 2.6% | 3.0% | 3 3% |  | 3.2% |
| Excess Margm (%) | 2.9% | 8 2% | 8.0% | 8.0% | 8.2% |  | 8.0% |
| Debt Service Coverage Ratio (x) | 2 3x | 5 9x | 5 3x | 5 6x | 5 Bx |  | 5 9x |
| Liquidity |  |  |  |  |  |  |  |
| Days Available Cash and Investments on Hand (#) | 577.3 | 525.5 | 498.1 | 476 9 | 475 0 |  | 485 3 |
| Operating Cash Flow (%) | 2.3% | 8 0% | 9 2% | 9.2% | 9.3% |  | 9.3% |
| Solvency |  |  |  |  |  |  |  |
| Current Ratio (x) | 1.2x | 1.2x | 1 2x | 1 2x | 1 2x |  | 1.2x |
| Ratio of Long Term Debt to Total Capitalization (%) | 25.1% | 24.9% | 24.7% | 24.5% | 24.2% |  | 23.9% |
| Rat10 of Cash Flow to Long Term Debt (%) | 3 2% | 12.0% | 14.5% | 15.4% | 16.0% |  | 16 3% |
| Unrestncted Net Assets ($ m millions) | $ 5,651 | $ 5,714 | $ 5,770 | $ 5,850 | $ 5,941 | $ | 6,029 |
| Total Net Assets ($ in millions) | $ 6,427 | $ 6,491 | $ 6,547 | $ 6,626 | $ 6,717 | s | 6,805 |

Ch1ldren'sMed1calCenter Corporation

August30, 2021

Page 9

Key Financial Metrics and Ratios Actual

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Children's Medical Center Corporation | 2016 | 2017 | 2018 | 2019 | 2020 |
| Profitability |  |  |  |  |  |
| Operating Margin (%) | 1.3% | 2.2% | 3.2% | 3.4% | -2.6% |
| Excess Margin (%) | 5.8% | 13 6% | 16.7% | 8.2% | 12 1% |
| Debt Service Coverage Ratio (x) | 5.5x | 5.5x | 6.1x | 6 4x | 2.9x |
| Liquidity |  |  |  |  |  |
| Days Available Cash and Investments on Hand (#) | 534.1 | 604.0 | 631.0 | 597.1 | 681 7 |
| Operating Cash Flow (%) | 6.8% | 8.1% | 8.5% | 8.3% | 3 7% |
| Solvency |  |  |  |  |  |
| Current Ratio (x) | 1.6x | 1.4x | 1.4x | 1.4x | 1 3x |
| Ratio of Long Term Debt to Total Cap1talizat10n (%) | 17.5% | 20.4% | 19 0% | 18.9% | 24 9% |
| Rat10 of Cash Flow to Long Term Debt (%) | 17.7% | 16.4% | 17.9% | 18.5% | 5.1% |
| Unrestricted Net Assets ($ m millions) | $ 4,102 | $ 4,729 | $ 5,234 | $ 5,270 | $ 5,725 |
| Total Net Assets ($ in millions) | $ 4,851 | $ 5,502 | $ 6,054 | $ 6,123 | $ 6,501 |

Key Financial Metrics and Ratios Industry Data (1)

RMA - Medical and IBIS - Hospitals Definitive Children's Medical Center Corporation Surgical Hospitals rn the US Healthcare Profitability

Operating Margin (%) 2.2% 16 3% -3.5%

Excess Margm (%) 1.1% 7.6% 2.9% (2)

Debt Service Coverage Ratio (x) NA 1.2x NA Liquidity

Days Available Cash and Investments on Hand (#) NA NA 29 0

Operating Cash Flow (%) NA 55.7% NA Solvency

Current Ratio (x) 1 9x 1.1x 1.6x Ratio of Long Term Debt to Total Capitalization (%) 37.5% NA NA Ratio of Cash Flow to Long Term Debt (%) NA NA NA

Unrestricted Net Assets ($ m millions) NA NA NA

Total Net Assets ($ m m1ll10ns) $60 NA NA

Footnotes:

1. Industry data ratios based on each data source's respective de1imt10ns and may differ from the rat10 de1imt1ons listed below.
2. Profit before taxes margm from RMA data and net income margm from Definitive Healthcare data treated as an equivalent to excess margin

The Key Metrics fall into three primary categories: profitability, liquidity, and solvency. Profitability metrics are used to assist in the evaluation of management performance in how efficiently resources are utilized. Liquidity metrics, including common ratios such as "days of available cash and investments on hand", measure the quality and adequacy of assets to meet current obligations as they come due. Solvency metrics measure the company's ability to take

Children's Medical Center Corporat10n

August30, 2021

Page 10

#### on and service debt obligations. Additionally, certain metrics can be applicable to multiple categories. The table below shows how each of the Key Metrics are calculated.

Key Financial Metncs and Ratios

Ratio Defin1t1ons Calculat1on

Profrt:ab1hty

Operating Margin (%) Gain frorn Operal:lons D!V1ded by Total Operating Revenue

Excess Margm (%) Excess of Revenue over Expenses D!Vlded by (Total Operal:lng Revenue+ Total Nonoperal:lng Gains) Debt Semce Coverage Ral:lo (X) (Gains frorn Operations+ Depreoat1on and Arnorl:lzal:lon + Interest) D1V1ded by Interest (1)

L1qu1dlty

Days Available Cash and Investments on Hand (#) (Cash and Unrestncted as to Use Investments) Mull:lphed by 365 D1V1ded by (Total Operating Expenses Less

Depreoat1on and Amonl:lzal:lon)

Operating Cash Flow {%) (Gams from Operations Plus Depreoabon and Amort1zat1on, Costs Related to Asset Dlspos1bons, and Non-Cash Pension Expense) D!V1ded by Total Operabng Revenue

Solvency

Current Ral:lo (x) Current Assets D!Vlded by Current Liab1ht1es

Ratio of Long Tenm Debt to Total Cap1tahzation (%) Long Term Debt D!Vlded by Total Cap1tahzation (Long Term Debt and Unrestncted Net Assets)

Ratio of Cash Flow to Long Tenm Debt (%) (Gains from Operations *Plus* Depredation and Amortization, Costs Related *to* Asset Dlspo51tions, and Non-Cash

PenSJon Expense) D!V1ded by Long Term Debt Unrestncted Net Assets ($ m thousands) Total Unrestricted Net Assets

Total Net Assets ($ m thousands) Total Net Assets

Footnotes

(1) Per Managerrent, there are no pnm:1pa\ repayrrents in the h1storfcat or proJected period reviewed

1. Revenue

#### We analyzed the revenue forecast within the Projections. Revenue for the Applicant includes net patient service revenue ("NPSR"), research grants and contracts, recovery of indirect costs on grants and contracts, other operating revenue, unrestricted contnbut1ons net of fundraising expenses, and net assets released from restriction used for operations.

#### Approximately 80.0 percent of revenue is derived from net patient service revenue. NPSR is projected to grow between 2.0 percent and 7.4 percent annually over the projection period which is within range or below actual growth of?.5 percent in FY2017, 6.0 percent m FY 2018,

#### and 6.2 percent in FY 2019.2 Approximately 68.0 percent of NPSR is derived from the Hospital, approximately 27.0 percent is from the PO, and the remainder from other subsidiaries. Management projects NPSR from the PO to increase by 5.0 percent in FY 2021 and 2022, and by

#### percent in FY2023, equalmgNPSRgenerated in FY 2019. For the remamderof the projection

#### period NPSR from the PO is projected to remam constant with FY 2023. Based upon our discussions with Management and the documents provided, the projected net patient service revenue for the Hospital was estimated based upon Management's anticipated changes in the following categories:

* + 1. Statistics

#### Inpatient and outpatient statistics for FY 2021 and FY 2022 are based on the approved rolling FY 2021 and FY 2022 budgets. Statistics for FY 2023 through FY 2026 are based on projected number of bedded patient days. Bedded patient days increased between 1.0 percent and 9.3 percent per year over the proJections. Projected growth in bedded patient days exceeded historical levels in fiscal years 2022 through 2024 (growth rn FY 2021, FY 2025, and FY 2026 were within historical levels). These higher levels of growth primarily relate to the return to COVID-19 operating levels, the opening of the Hale Building beginning in FY 2022, and the addition of 12 inpatient adolescent and pediatnc psychiatric beds at Waltham in FY 2022. The six-year compound annual growth rate ("CAGR") from FY 2019 (pre-COVID-19) to FY 2026 of 2.1 percent falls within the Hospital's historical growth.

2 Please note, FY2020 results for the Appl1cantwere significantly impacted by the COVID-19 pandemic. We understand the Appl1cantcancelled or postponed all nonessential orelect1ve procedures, non-urgentadm1ss10 ns, clinic V1s1ts, and research V1s1ts. As a result, FY 2020 results were deemed not meaningful from a historical trending perspective and we focused ou ranalytical procedures on pre-COVID-19 h1sto rical results.

* + 1. Gross Charges per Statistic

#### Gross charge per statistic for FY 2021 and FY 2022 are based on the approved rolling FY 2021 and FY 2022 budgets. Beyond FY2022, gross charges increase at a rate of 3.0 percent per year, which is consistent with the Applicant's long-term plan presented to and approved by the Board in FY 2019 (the "Board Approved Plan"). Management indicated this was the most recent Board Approved Plan as of the date of our analyses.

* + 1. Payment on Account Factor ("PAF")

#### The PAF for FY 2021 and FY 2022 are based on the approved rolling FY 2021 and FY 2022 budgets. Beyond FY2022, the PAF is based on the prior year's PAF, and updated to reflect charge increase and anticipated changes in payer rates. The charge increase is 3.0 percent annually, which 1s consistent with the Board Approved Plan, while the change in payer rates varies by payer; however, ranges from 1.0 to 3.0 percent annually, which is consistent with the FY 2021 budget presentation.

#### As discussed above, the Proposed Projects reflect conservation or renovation of existing spaces to maintain or come into compliance with various regulations. As such, incremental revenue associated with the ProJected Projects is not expected nor projected within the Projections.

#### In order to determine the reasonableness of the projected revenue, we reviewed the underlying assumptions upon which Management relied. Based upon our review, Management relied upon the historical operations and anticipated market movements. The six-year CAGR for total operating revenue in the Projections of 2.8 percent falls below Children's revenue growth rates in the prior three fiscal years (FY 2017 through FY 2019). Based upon the foregoing, it is our

opinion that the revenue growth projected by Management is based on reasonable assumptions and is feasible for Children's.

##### Operating Expenses

We analyzed each of the categorized operating expenses for reasonableness and feasibility as it related to the ProJections.

The operating expenses in the analysis include salaries and benefits, supplies and other expenses, direct research expenses of grants, health safety net assessment, depreciation and amortization, costs related to asset dispositions, and interest and net interest rate swap cash flows. Salaries and benefits account for approximately 57.0 percent of total operating expenses and supplies and other expenses account for approximately 25.0 percent of total operating expenses throughout the proJection period.

Salaries and benefits were proJected to increase annually between 1.9 percent and 3.3 percent for FY 2021 through FY 2026. Approximately 56.0 percent of the Applicant's total salaries and benefits relate to the Hospital. Management either held salaries and benefits flat to FY 2020 or utilized a historical average over FY 2018 through FY 2020 for the other components of the Applicant. Growth in salaries and benefits for the Hospital was determined based on growth in full time equivalents ("FTEs") and change in wages. FTEs were determined based on the growth in adJusted patient days. Wages were grown by a merit increase of 2.5 percent annually plus a

0.5 percent market adjustment.

Supplies were projected to increase annually between 3.4 percent and 7.9 percent for FY 2021 through FY 2026. Approximately 97.0 percent of the Applicant's total supplies and other expenses relate to the Hospital. Supplies were proJected to increase based on adjusted patient days and expense per adjusted patient day. Expense per adJusted patient day was grown by 2.0 percent (or 3.0 percent for pharmacy and blood products), which is consistent with the Board Approved Plan.

Based upon the foregoing, it is our opinion that the operating expenses projected by Management reflects are based on reasonable assumptions and are feasible for the Applicant.

1. Improvement Plan

Management incorporates an improvement plan within its financial forecast for FY 2022 through FY 2026. This improvement plan reflects future initiatives and strategic plans which are not yet identified and therefore, not allocable to detailed line items m the income statement. We understand based on discussions with Management that the Applicant undergoes this process as a part of its regular forecasting. We reviewed the Applicant's actual gain from operations m comparison to the Applicant's budget for each of the prior 15 fiscal years and noted the Applicant met or exceeded budget in 12 out of 15 years. As such, it is feasible that the Appllcant will continue to achieve the improvement plan targets included in the Projections.

1. Capital Expenditures and Proposed Projects Financing

We reviewed the project costs withm the Projections related to the Proposed Projects of which

$26,252,500 are classified as maximum capital expenditures per the DON regulations. The project costs related to the Proposed Projects are included within the Projections m routine cap1tal m FY 2021 and FY 2022 and reflects approximately 14.6 percent of the total routine capital budget of $90.0 million for each year ($180.0 million combined for FY 2021 and FY2022). Renovat10ns to the pharmacy are estimated at $3.9 million, renovat10ns to radiology are estimated at $1.6 million, building restoration is estimated at $18.7 million, and reverse osmosis water filtration is estimated at $2.1 million.

In add1tion to capital expenditures, we also reviewed the proposed financing of the projects. It is our understanding that the expenditures related to the Proposed Projects are expected to be funded through the Applicant's net assets and cash flows. The capital expenditures are included within the Applicant's cash flows with no additional debt financing anticipated. We note that the Projections include cumulative routine capital expenditures of $540.0 million and major project expenditures of $1, 180.2 million for a total cumulative capital expenditure of $1,720.2 million overthe proJection period. The capital expenditures subject to the Proposed Projects represents 1.5 percent of the total capital expenditures over the six years. We note the model indicates total cash on the balance sheet of approximately $350.0 million in each year, before considering the Applicant's various investments. Therefore, it appears that the Applicant will be able to finance the Proposed Projects within its normal capital expenditures without the need for debt financing.

# FEASIBILITY

We analyzed the Projections and Key Metrics forthe Proposed Projects. In preparing our analysis we considered multiple sources of information including industry metncs, historical results, and Management expectations. It is important to note that the Projections do not account *for* any anticipated changes in accounting standards. These standards, which may have a material impact on individual future years, are not anticipated to have a material impact on the aggregate Projections.

Within the projected financial information, the Projections exhibit a cumulative operating EBITDAsurplus of approximately 9.2 percent of cumulative projected operating revenueforthe six years from 2021 through 2026. Based upon our review of the relevant documents and analysis of the Projections, we determined theanticipated operatingsurplusis a reasonable expectation and based upon feasible financial assumptions. Accordingly, we determined that the Projections are reasonable and feasible, and not likely to have a negative impact on the patient panel or result in a liquidation of assets of Children's.

Respectively submitted,

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Erik Lynch

Partner, BDO USA LLP

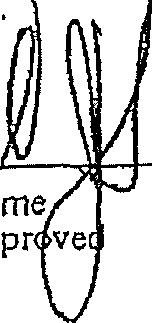
The Children's Medical Center Corporation BCH-21072306-CH

Exhibit 9: Articles of Organization/Trust Agreement

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MICHAEL JOSEPH CONNOLLY

Secretary of State

ONE ASHBURTON PLACE, BOSTON, MASS. 02108

ARTICLES OF ORGANIZATION

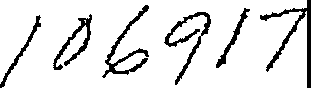
###### (Under G.L. Ch. 180)

Incorporators

NAME RESIDENCE

Include *given* name in full in case of natural persons; in *case* of a corporation, give state of incorporation.

Davids. Weiner 28 Norwich Road Wellesley, MA 02181



The above-named incorporator(s) do hereby associate (themselves) with the intention of forming a corporation under the provisions of General Laws, Chapter 180 and hereby state(s}:

* 1. The name by which the corporation shall be known is:

The Children's Hospital Corporation

* 1. The purposes for which the corporation *is* formed is as follows:

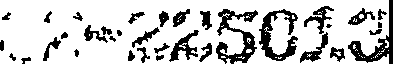
To provide medical and surgical care and treatment to

infants, children, adolescents and young adults.

To instruct, supervise and train physicians, nurses, technicians and others in the care, treatment and prevention of disease of infants, children, adolescents and young adults.

To operate and conduct a hospital or hospitals, together with affiliated institutions, research laboratories and other services where all the resources of medical and related sciences will be combined to provide quality care for infants, children, adolescents and young adults, and to determine new and improved methods for the treatment and prevention of diseases, and to disseminate information about such\1matters.

To participate to the extent desirable or practical, in any activity designed and carried on to promote the general health of the ca:nu:iunity.

To do all things necessary or advisable to carry out any or all of the foregoing purposes.

Note: If the space provided under any article oritem on this form is insufficient, additions shall be set forth on separate 8 1/2 x t I sheets ofpuper leaving a left hand margin of at least l inch for binding. Additions to more than ono article may be continued on a single sheet so long as each article requiring each such addition *is* clenrly indicated.

* 1. If the corporation has more than one class of members, the designation of such classes, the manner of election or appointment, the duration of membership and the qualificatton,and ri,ghls, including voting rights, of the members of each class, are as follows: -

Not Applicable

\*4, Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for *its* voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or ofits directors or members, or of any class of members, are as follows:-

See pages **4A** through 4D attached hereto

and made a part hereof.

\*If there ar!! no provisions state "None''.

* 1. The corporation shall have the following powers in furtherance of its corporate purposes:

1. The corporation shall have perpetual succession in its corporate name.
2. The corporation may sue and be sued.
3. The corporation may have a corporate seal which it may alter at pleasure.
4. The corporation may elect or appoint directors, officers, employees and other agents, fix their compensation and define their duties and obligations.
5. The corporation may purchaser receive or take by grant, gift, devise, beguest or otherwise, lease, or otherwise acquire 1 own, hold, improve, employ, use and otherwise deal in and with, real or personal property, or any interest therein, wherever situated, in an unlimited amount.
6. The corporation may solicit and receive contributions from any and all sources and may receive and holdr in trust or otherwise, funds received by gift or bequest.
7. The corporation may sell, convey, lease, exchange, transfer or otherwise dispose of, or mortgage, pledge, encumber or create a security interest in, all or any of its property, or any interest therein, wherever situated.
8. The corporation may purchase, take, receive subscribe for, or otherwise acquire, own, hold, vote, employ, sell, lend, lease, exchange, transfer, or otherwise dispose of, mortgage, pledge, use and otherwise deal in and with, bonds and other obligations, shares, or other securities or interests issued by others, whether engaged in similar or different business, governmental, or other activities.
9. The corporation may make contracts, give guarantees and

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.incur liabilities, borrow money at such rates of interest as the corporation may determine, issue its notes, bonds and other obligations, and secure any of its obligations by mortgage, pledge or encumbrance of, or security interest in, all or any of its property or any interest therein, wherever situated.

1. The corporation may lend money, invest and reinvest its funds, and take and hold real and personal property as security for the payment of funds so loaned or invested.

4A

1. The corporation may do business, carry on its operations, and have offices and exercise the powers granted by Massachusetts General Laws, Chapter 180, in any jurisdiction within or without the United States, although the corporation shall not be operated for the primary purpose of carrying on for profit a trade or business unrelated to its tax exempt purposes.
2. The corporation may pay pensions, establish and carry out pension, savings, thrift and other retirement and benefit plans, trusts and provisions for any or all of its directors, officers and employees.

•

1. The corporation may make donations in such amounts as the members or directors shall determine1 irrespective of corporate benefitr for the public welfare or for community fund, hospital, charitable, religious, educational, scientific, civic or similar purposes, and in time of war or other national emergency in aid thereofi provided that, as long as the corporation is entitled to exemption from federal income tax under Section 50l(c)(3) of the Internal Revenue Code, it shall make no contribution for other than religious, charitable, scientific, testing for public safety, literary, or educational purposes or for the prevention of cruelty to children or animals.
2. The corporation may be an incorporator of other corporations of any type or kind.
3. The corporation may be a partner in any business enterprise which it would have power to conduct by itself.
4. The directors may make, amend or repeal the by-laws in whole or in part, except with respect to any provision thereof which by law or the by-laws requires action by the members.

(g) Meetings of the members may be held anywhere in the United States.

1. No part of the assets of the corporation and no part of any net earnings of the corporation shall be divided among or inure to the benefit of any officer or director of the corporation or any private individual or be appropriated for any purposes other than the purposes of the corporation as herein set forth; and no substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation except to the extent that the corporation makes expenditures for purposes of influencing legislation in conformity with the requirements of Section SOl(h) of the Internal Revenue Code; and the corporation shall not

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4B

participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office. It is intended that the corporation shall be entitled to exemption from federal income tax under Section 50l(c)(3) of the Internal Revenue Code and shall not be a private foundation under Section 509(a) of the Internal Revenue Code.

1. Upon the liquidation or dissolution of the corporation, after payment of all of the liabilities of the corporation or due provision therefor, all of the assets of the corporation shall be disposed of to The Children's Medical Center Corporation, a Massachusetts corporation, so long as it is then exempt from federal income tax under Section S01(c)(3) of the Internal Revenue Code or *i£* it *is* not then so exempt/ to one or more organizations exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.
2. In the event that the corporation is a private foundation as that term is defined in Section 509 of the Internal Revenue Code, then notwithstanding any other provisions of the

a ticles of organization or the by-laws of the corporation, the following provisions shall apply:

The directors shall distribute the income for each taxable year at such time and in such manner as not to become subject· to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code.

The directors shall not engage in any act of self dealing as defined in Section 494l(d) of the Internal Revenue Code; nor retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code; nor make any investments in such manner as to incur tax liability under Section 4944 of the Internal Revenue Code; nor make any taxable expenditures as defined in Section 494S(d) of the Internal Revenue Code.

•

1. The corporation shall have and may exercise all powers necessary or convenient to effect any or all of the purposes for which the corporation is formed; provided, however, that no such power shall be exercised in a manner inconsistent with Massachusetts General Laws, Chapter 180 or any other chapter of the General Laws of The Commonwealth of Massachusetts; and provided, further, that the corporation shall not engage in any activity or exercise any power which would deprive it of any exemption from federal income tax which the corporation may receive under Section 50l(c)(3) of the Internal Revenue Code.

(v) All references herein: (i) to the Internal Revenue Code shall be deemed to refer to the Internal Revenue Code of 1954, as now in force or hereafter amended; (ii) to the General Laws of The Commonwealth of Massachusetts, or any chapter thereof, shall be deemed to refer to said General Laws or chapter as now in force or hereafter amendedi and (iii) to particular sections of the Internal Revenue Code or the General Laws of The Commonwealth of Massachusetts shall be deemed to refer to similar or successor provisions hereafter adopted.

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THE CHILDREN'S HOSPITAL CORPORATION

BOARD OF TRUSTEES

Name

Residence

Post Office Address

Aldo Castaneda, Nancy Kaplan

M.D. 121 Monodnock Rd. 300 Longwood Avenue Chestnut Hill, MA 02167Boston, MA 02115

96 Country Club Lane Belmont, MA 02178

George Kidder

John Kirkpatrick, David Kosowsky,

Sc.D.

La Ware, John *P.*

David A. Mittell

E. James Morton

George W. Phillips

Hon. Joseph L.

Tau:ro

110 Spencer Brook Rd. Concord, MA 01742

M.D. 34 Lowell Rd. Wellesley, **MA** 02181

100 Dudley Rd.

Newton Ctre, MA 02159

100 Cadman Rd.

Brookline, MA 02145

22 Chestnut Pl. - :

Brookline, MA 02146

1. Rockridge Road Wellesley, MA 02181
2. Tophet Rd.

Lynnfield, MA 01940

47 Nanepashemet St.

Marblehead, MA 01945

Hemenway & Barnes

60 State Street Boston, MA 02109

300 Longwood Avenue

Boston, MA 02115

Damon, Inc.

115 4th Avenue

Needham, MA 02194

Shawmut Bank of Boston One Federal Street Boston, MA 02211

Davenport & Peters Co.

177 Milk Street Boston, MA 02109

John Hancock Mutual Life Ins. Co.

P. O. Box 111 Boston, MA 02117

The Boston Company One Boston Place Boston, MA 02106

U.S. District Court

P.O. Court House Building

Room 1615

Boston, MA 02109

7A

David S. Weiner

William W. Wolbach

28 No:i:-wich Rd,

Wellesley, MA 02181

r

377 Summer Street

Manchester, MA 01944

300 Longwood Avenue

Boston, MA 02115

One Boston Place

Suite 923

Boston, MA 02108

7B

David S. Weiner

Pretldent

The Children's Hospital Medical Center

#### 300 Longwood Avenue, Boston, Massachusetts 02115, Telephone: (617) 735-6433

August 11, 1982

Secretary of State Corporations Division One Ashburton Place Boston, MA 02202

Gentlemen:

The Children's Hospital Medical Center Corporation,

a corporation organized· under the laws of Massachusetts

in 1869, hereby· consents to the use of the name The Children's Hospital Corporation by a corporation soon to be organized under Chapter 180 of the General Laws. The Children's Hospital Medical Center Corporation further states its intention to change its name before The Children's Hospital corporation begins activ.e operations.

THE CHILDREN'S HOSPITAL MEDICAL CENTER CORPORAT!ON



DSW:mok

* 1. By-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding. financial or recording officers whose names arc set out below, have been duly elected.
  2. The effective dateof organization of the corporation shall be the dale of111ing with the Secretary oftl,e Commonwealth or

if later date is desired. specify date, (not more than 30 days after date of filing),

* 1. The following information shall not for any purpose be treated as a permanent part of the Articles of Organization of the corporation.
     1. The post office address of the initial principal office of the corporation in Massachusetts is:

300 Longwood Avenue, Boston, Massachusetts 02115

* + 1. The name, residence, and post office address of each of the initial directors and following officers of the corporation are as follows:

NAME RESIDENCE POST OFFICE ADDRESS

President: David S. Weiner 28 Norwich Road

Wellesley, MA 02181

Treasu,rer: George W. Phillips 12 Tophet Road

Lynnfield, MA 01940

Secretary:

300 Longwood Ave. Boston, MA 02115

The Boston Company one Boston Place Boston, MA 02106

® Jane L. 0 1 Neili

1802 Massachusetts Ave 300 Longwood Ave.

Cambridge, MA 02140 Boston, MA 02115

Directors: (or officers having the powers of directors)

See pages 7A through 7B attached hereto

and made a part hereof.

c, The date initially adopted on which the corporation's fiscal year ends is:

September 30 of each year.

1. The date initially fixed in the by-laws for the annual meeting of members of Lhe corporation is:

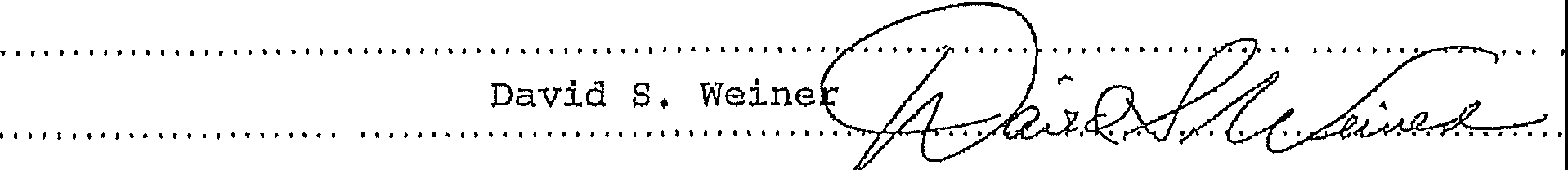
FoU th Tuesday in October.

1. The name and business address of the resident agent, if any. of the corporation is:

None

IN WITNESS WHEREOF. and under the penalties of perjury the INCORPORATOR(S) sign(s) these Articles of Organization this \ I 'I" '4 day of A,u *<;*u 'S:.t ,19 8 2

I/We the below signed INCORPORATORS do hereby certify under the pains and penalties of perjury that I/We have not been convicted of any crimes relatirtg to alcohol orgamirtg within the past ten years: **I/We** dohereby further certify that lo the best of my/our knowledge the above named principal officers have not been similarly convicted, If so convicted, explain.



The signature of each incorporator which 1s not a natural person must be by an indlvidual who shall show the capacity in which he acts and by signing shall represent under the penalties of perjury that he is duly authorized on its behalf to sign these Articles of Organizulion.

5;EGB.E·T-A.R.Y. Or ,

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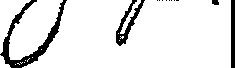
ARTICLES OF ORGANIZATION

GENERAL LAws) CHAPTER 180

I hereby certify that, upon an examination of the within-written articles of organization, duly submitted to me, it appears that the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said articles: and the filing fee in the amount of$30.00 having been paid, said articlesa\_!]Jleemed to have been 1led with

me this /,3..Mjiay of **U** 19 ...Z,

Effective date



MIC HCONNi

Secretary of *State*

##### TO BE FILLED IN BY CORPORATION ·

#### PHOTO COPY OF ARTICLES OF ORGANIZATION TO BE SENT

TO:

Ronald B. Schram

•••••••••• •• "• ' •• ' •• "••• ' •••• ', •• ' ••••••••• ' •1••• ' •••• ' • ' •••

....... .'?'.\?. . .. .*.0!.f:.:f .............' .....'* ' ....' .........

.. , , ...2..2.5....F.r.•a.n..k.•l.i..n...S..t....*r . ..*B*.*o*..*s.t..o.•n. *r ..* M. .A 0. •2. 1• .1..0.

Telephone .....(.6.1..7.)....4.2..3.-.6..1.0..0................, ... , .....

Filing Fee $30.00 Copy Mailed DCT 7 1982

Exhibit 10: Current IRS Form, 990 Schedule H CHNA/CHIP

##### Factor 6 Approach and Plan

#### Based on a conversation with staff from the Massachusetts Department of Public Health, Bureau of Community Health and Prevention, BCH was informed that the only subm1ss1on for the purposes of the Conservation Determination of Need application is this overview of the plan for community outreach and engagement in programs. Through the 2021 Conservation filing, Boston Children's Hospital agrees to contribute (2.5% of the proposed proJect amount) to Community Health Initiatives (CHls) that focus on eliminating the racial, ethnic and other health disparities for children and families in proximal communities to Waltham, Lexington, and Longwood service areas with high concentrations of children and families of color from low and moderate income households, LGBTQ children and youth, and other systematically underserved groups of children and youth. For the community engagement process, and as agreed to by the DPH Bureau staff, we will build upon the community engagement process identified in the 2020 Conservation DoN related to the Self-Assessment Form submitted in the summer of 2020 to DPH, which references the BCH CHNA and Strategic Implementation Plan.

#### That process engaged the BCH Community Advisory Board to identify top funding priorities, health priority strategies, allocation amounts and timehne.

#### We anticipate that the funding plan for this Community Health Initiative will be focused on the issue of children's mental and behavioral health, specifically strategies to build a diverse culturally and hngu1stically competent child and adolescent mental and behavioral workforce This focus issue is identified in the Boston Children's 2019 Community Health Needs Assessment which includes Waltham and Lexington and is aligned with the DPH focus issue of Mental Illness and Mental Health. Additionally, the Community Advisory Board identified children's mental and behavioral health as a priority and remote learning support and access as an immediate need that could be addressed with funds made available with the 2020 Conservation DON/CHI funds. This additional funding allocation will support the longer-term workforce issues.

#### In add1t1on to members of the Community Advisory Board, we will work with representatives of the Department of Public Health's Office of Community Health Planning and Engagement, statewide and local community organizations with expertise in children's mental/behavioral health, as well as other community representatives identified by local public health authorities and coalitions and Mass DPH for the development of a specific funding plan that will consider statewide children's health needs.

Next Steps

#### June - August 2021 Develop and execute plans to conduct focus groups or surveys to understand needs and opportunities with students, public and private colleges and universities, community-based mental and behavioral health providers, and community health centers

#### September 2021 Present findings and identify priorities at September 2021 Community Advisory board meeting

#### October 2021 Release funding opportunity

Name of exempt organization

Form 8453-E0

Exempt Organization Declaration and Signature for Electronic Filing

*For* oalendar year 2018, *or* lax year beglnolng \_oc\_T\_l , 201a, amt end!ng \_sE\_P\_3\_o

For use wiU1Forms *990,* 900·EZ, 990-PF, 1120-POL, and8868

0MB No 1545·1!l79

, 20

2018

Peparunen!of!haTreasury

lnlemal Revenue &Mee

Obildren'a Hospital corpora ion

Employer 1dent1float1on number

04-27744.41

I Part I I Type of Return and Return Information (Whole Dollars only)

Check the box for the type of return being flied with Form 8453 EO and enter the applicable amount, If any, from the return. If you check !he box on

line 1a, *2a,* Sa, 4a, or 5a below and the amount *on* that !me *of* the return being filed with this *form* was blank, then leave line 1b, 2b, 3b, 4b, *or* 5b, whichever Is applicable, blank (do not enter •□·) If you entered -0- on the return, then enter-a on the applicable line below. Do not complete more than one line In Part I

►

1a Form 990 check here LJLJ b Total revenue, lf any (Form 990, Pati Vlll, column (A), line "12) 1b 2,046,728,408,

►

2a Form 990-EZ check hare D b To'lal revenue, ii any (Form 990 EZ, line 9) 2b

►

3a Form 1120-POL check here D b Total tax (Form 1 "120.POL, ne 22) 3b 4a Form 990-PF check here D b Tax based on investment Income {Form 990 PF, Part VI, line 5) 4b 5a Form 8868 check here D b Balance due (Form 8868, hne 3c) 5b

►

►

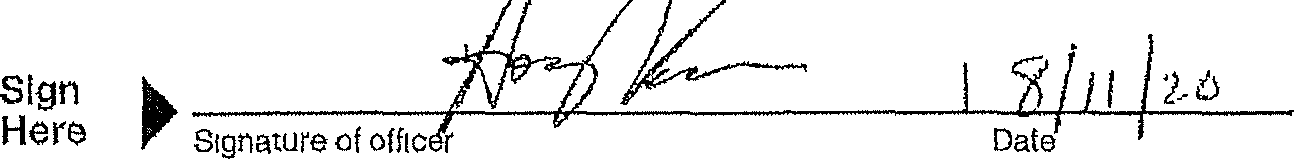
I Part II I Declaration of Officer

6 LJ I authonze *the* U,S, Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) eleotronlo funds withdrawal (direct debit) entry to the f111ancial lnst1tut1on account 1nd1oated In the tax preparation software for payment of the organization's fedeial taxes owed on this return, and the financial Institution to debit the entry to th•s account To revol<e a payment, I must contact the U.S. Treasury Financial Agent at i 888-353 4537 no later than 2 business days *prtor* to the payment {seHlement} date I also authorize the f1nanclal lnstitullons Involved fn the prooess1ng of the electronic payment of taxes to receive confidential Information necessary to answer lnqu1rles and resolve Issues related to the payment

D If a copy of this return ls being filed With a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained w1th1n this return allowing disclosure by the IRS of this Form 990/990-EZ/990 PF (as speCl!lcally 1dent1f1ed In Part I above) to the selected state agency{les),

Under penalties of perjury, I declare that f am an officer of the above named organization and that I hEIVe examined a copy of the orgarnzat1on1s 2018 electrornc return and accompanying schedules and statements, 1:1nd, to the best of my knowledge and belief, they are true, correct, and complete I further declare that the amount In Part I above is the amount shown on the copy of the organization's electronic retum, I consent to allow *my*

intermediate service provider, transmit *r,* or electronlo retum onglnator (ERO) to send the organization's return to the IRS and to receive from the IRS

(a) an acknowledgement of receipt or ason f e1eo on of the tr21nsm1ss1on, (b) the reason for any delay In processing the mturn or refund, and (c)

►

the date of any refund l

EVP, CFO & Treasurer

Title

I Part lit I Declaration of Electronic Return Originator {ERO) and Paid Preparer(see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453 EO are complete and correct to the best of my knowledge. if l am only a collector, I am not responsible far reviewing the return and only declare that this form accurately reflects the data on the return. The organlzallon officer will have signed !his form before l submit the return I will give the officer a copy of aH forms and mforniat1on to be flied wrth the IRS, and have followed all other requirements m Pub 4163, Modernized e-F1le (MeF) lnforrnallon for Authorized IRS *e·ftle* Provlders for Business Returns, If lam also the Paid Preparer, under penalties of perjury I dectare that I ha.ve examined the above organization's return and accompany!ng schedules and statements, and, to the best of mylmowfedge and belief, they are true, correct, and complete This P1a1d Preparer

Gala I Check 11 ! Check I ERO's SSN or PtW

deolarat1on Is based on all informatwn of Wh!Ch I have any knowledge

##### ERO's

Use

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##### Only

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address, and ZIP ,;odo

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------ -----------------------,Phone no

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my know­

I l I I

ledge and belief, they are true, correct, and complete, Dec)aJ'allon of preparer Is based *on* all Information of which the preparer has any knowledge

PrlnVfypa preparer's name

Praparer's signature

Date

GhBCK it salt·

PT!N

Paid Mike A. Cincotta ***ffl.C!J.*** 08/07/2020 employed D l?01595ll11

Preparer Firm'sname ► F1rm'sEIN ► 34-6565596

Use **Only** Ernst & Young, LLP

►

Firm's address 200 Clarendon Street Phone no.

Boston, MA 02116-5072 617-266-2000

a2soa1 11-12-10 LHA For Privacy *Mt* and Paperwork Raduotlon Aot Notloe, see baok of form. Form 8453-EO (2018)

14360715 353314 CB 2018.05020 Children1 s Hospital Corpora CH 1

A For the2O18 calendar year,ortax year beg111nmg OCT 1, 2018 and ending SEl? 30, 2019

Form 990

oapartm8<1toftha Treasury

lnlemal RO'lonuo$ervloo

Under section 501(c), 527, or 4947(a)(1} of the Internal Revenue Code (except private foundations) **2018**

Return of Organization Exempt From Income Tax

0MB i'lo 1M6·0047

* Do not enter social security numbers on thls form as It may be made public.
* Go to [www.lrs.oov/Form990](http://www.lrs.oov/Form990) for Instructions and the latest Information.

Open to Public lnspeot1on

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| Doinq business as Boston Children's Hosp;i.tal |
| Number and street (or P.O. box *II* mall *Is* not delivered to street address) \ Room/suite  300 iongwood Avenue | **E** Telephone number  617-355-6000 |
| City or town, state or provlr>oe, country, and ZIP or foreign postal code Boston, ***l,Q\*** 02115 | **G** G(os;, ,eeelpls $ 2,3:a1,5B6',528, |
| **H(a)** Is this a group return  for subordinates? Dves UUNo H(b) Are all sub(>(dlnates lnckld<l</7 D Yes D No  If ''No.' attach a list (see 1nstruot1ons)  H(o) Group exemption number ► |
| P Name and address of pnncipal oifiaer.Sand:i:a. Fenwick same as C above  W I J )◄ LJ |
| I Tax exemot status; 501(0)(3) 501(c) ( (insert no.) 4947(a}(i) or l J 527  **J** Webslte:► [www.](http://www/) childrenshospital,org | |
| * IL | |

**K** Form of organ!zahon: I **x** J Corporation I J Trust l I Associatlon I I Oth er

I Part 11 Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| lS  fa  i  0  <sf  Ul | 1. Briefly describe the organization's mission or most significant activities, l?rovider of pediatric healthcare, education, research & community serv ce 2. Check this box ► LJ 1f the organization discontinued rts operations or disposed of more than 25% of Its net assets | | | |
| 1. Number *of* voting members of *the* governing body (Part VI, line 11:1) 2. Number of Independent voting members of the governing body (Part VI, line 1b) 3. Total number of lndlvlduals employed tn calendar year 2018 (PM V, line 2a) 4. Total number of volunteers (estimate If necessary) 5. a Total unrelated business 1evenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, flne38 | | 3 | 16 |
| 4 | 14 |
| 6 | 14622 |
| 6 | 723 |
| 7a | -5,469,037, |
| 7b | o. |
| g**C** :  II)  a:: | 1. Oontnbut1ons and grants {Part VIII, line 1h) 2. Program service revenue (Part Vlll, !me 2g) 3. Investment Income (PartVHI, column (A), lines 3, 4, and 7d) 4. Other revenue (Part VIII, column **(A),** lines 6, *6d, Be,* 90 1 *iOc,* and 11e) 5. Total revenue add tines 8 lhrouqh 11 (must equal Part Vlll column (A), line i2} | Pnor Year | | Current Year |
| 4.1.7,494.,538, | | 415,:J.37,'.140, |
| 1,422,617,1:1.6, | | 1,527,371,090, |
| 137,401,872, | | 44,327,243. |
| 42 141,263, | | 59,892,635. |
| 2,019,654,789, | | 2,046,728,408, |
| <I)  fil  $ | 1. Grants and similar amounts paid (Parr IX, column {A), Imes i-3) 2. Benefits paid to or for members (Part IX, column (A), line 4) 3. Salanes, other oompensat1on, employee bet11lflts (Part IX, column (A), lines 5-i0) 16a Professional fundra!s1ng fees (Part IX,co/unm (A), lme ii e)   b Total fundralslng expenses (Part IX, column (D), line 25) ► 35,8G3,9:l6,  **17** Other expenses (Part **IX,** co1urnn (A), fines i1a•1id, 11f•24e)  iB Total expenses Add Imes 13,17 (must equal Part IX, column (A), line 25)  **19** Revenue less emenses Subtract line18 lrom tme i2 | 8,578,746, | | 11,365,599, |
| 0. | | 0, |
| 883,472,22:L, | | 928,799,50;1,. |
| l,310,640, | | 1,378,073. |
| 908,711,205, | | 968,474,584, |
| 1,802,072,892, | | 1,910,017,857, |
| 217,581,897. | | 136,710,551, |
| E5  $<=  ,u.!!l  1£&1  ts-g  ::z;j: | 1. Total assets (Part X, line 16} 2. Total 1/abilltles (Part X, line 26) 3. Net assets *or* fund balances. Subtract Hne 2i from line 20 | Beginning of Current ***Year*** | | End *of* Year |
| 5,982,517,057, | | 6,333,481,693, |
| 1,922,917,072, | | 2,123,101,198, |
| 4,059,599,985, | | 4,2.10 380,495, |

Year of formation: 1982 I **M** Stale of loga! dom1c1!0. MA

I Part 1l I Signature Block *ii*

Under penallies of perjury, I daola::,\ : vo ts return, Including accompanying schedules and statements, and [o the best of my knowledge and *belle/,* lt Is

true, corrnat, and aomplela. Dealar nrap1 r t er than officer) Is based onall lnformatioa of which preparer has any koowladga

|  |  |  |
| --- | --- | --- |
|  | I\/. -/y ,, | )(';'II I /I.) |
| Sign | * :signature or o,11m:r \_,. uate ' * Poug Vanderslice, RVP, CFO & ')):r:ea.iure:r:   *Type* orprlnl *name* and !Ille  PrlnVfypa preparer's name lfl:a nature I uate I Gneck LJ PTIN | |
| Here |
| Pale! | !ike A C;i.noott:a 08/07/2020 enemoloved 01595811. | |
| Preparer | Firm's name ..\_ Ernst & Young, LLP  Firm's address► 20 O Clarendon Street | Firm's EIN 11,. 34-6565596 |
| Use Only |  |  |
|  | Boston, MA 02116-5072 | Phone no 617-266-2000 |

Mal the IRS discuss this return wlth the 12reearer shown above? (see Instructions) Lx I Yes l I No

032001 12-31-1-ll LHA Por Paperwork Reduotron Act Notice, see the separate ms!ructlans. Farm 990 (2018)

|  |  |  |
| --- | --- | --- |
| Form 8868  (Rev January 2020)  Department of the Treasury Internal Revenue Service | Application for Automatic Extension of Time To File an Exempt Organization Return   * ► File a separate appl!cation for each return.   Go to *www trs gov!Form8868* for the latest mformat1on | 0MB No 1545-0047 |

**Electronic filing (e-ff/e).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS In paper format (see 1nstruct1ons) For more details on the electronic fIl1ng of this form, vIsIt *www 1rs gov/e-flle-prov1ders/e-fl/e-for-charlt1es-and-non-proflts*

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed)

All corporations required to file an income tax return other than Form 990-T (including 1120-C fliers), partnerships, REM!Cs, and trusts must use Form 7004 to request an extension of time to file income tax returns

|  |  |  |
| --- | --- | --- |
| Type or | Name of exempt organization or other filer, see 1nstruct1ons  Children's Hospital Corporation  Number, street, and room or suite no If a PO box, see 1nstruct1ons  300 Longwood Avenue | Taxpayer 1dent1f1cat1on number (TIN)  I04-2774441 |
| prmt |
| File by the |
| due date for |
| filing your  return See |
| City, town or post office, state, and ZIP code For a foreign address, see instructions | |
| instructions | Boston, MA02115 | |

Enter the Return Code for the return that this applIcat1on Is for (file a separate appl1catIon for each return)

|  |  |  |  |
| --- | --- | --- | --- |
| Application Is For | Return Code | Application ls For | Return Code |
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (1ndIv1dual) | 03 | Form 4720 (other than 1ndIv1dual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

* The books are In the care of► \_Doug Vanderslice, CFO, 300\_Longwood Avenue, Boston, MA 02115

Telephone No ► 617-919-3308 ----------------------------------- Fax No ► 617-730-0091

* If the organIzat1on does not have an office or place of business In the United States, check this box ►□
* If this Is for a Group Return, enter the organ1zat1on's four d1g1t Group Exemption Number (GEN) for the whole group, check this box D If It Is for part of the group, check this box

►

a !1st with the names and TINs of all members the extension Is for

N/A If this Is

D and attach

►

1. I request an automatic 6-month extension of time until August\_17 , 20 20 \_, to file the exempt organ1zatIon return for the organization named above The extension Is for the organization's return for

►

D calendar year 20 or

►

[29 tax year beginning g\_ !?E !\_) , 20 \_t ----, and ending September 30 , 20 19

1. If the tax year entered In line 1 Is for less than 12 months, check reason D ln1t1al return D Final return

D Change in accounting period

|  |  |  |  |
| --- | --- | --- | --- |
| 3a b  C | If this application Is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See 1nstructIons | 3a | $ N/A |
| If this appl1cat1on Is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any pnor year overpayment allowed as a credit | 3b | $ N/A |
| **Balance due.** Subtract line 3b from line 3a Include your payment with this form, 1f required, by using EFTPS (Electronic Federal Tax Payment System) See InstructIons | 3c | $ N/A |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment 1nstruct1ons

For Privacy Act and Paperwork Reduction Act Notice, see instructions Form 8868 (Rev 1-2020)

/SA

Form990 2018 Children's Hospital Corporation 04-2774441 Pa **e2**

Part Ill Statement of Program Service Accomplishments

Check 1f Schedule O contains a response or note to any hne 1n this Part Ill Briefly describe the organization's mission

Boston Children's Hospital 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, lifesaving care to children

1. Did the organization undertake any s1grnf1cant program services dunng the year which were not hsted on the prior Form 990 or 990-EZ?

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

1. Did the orgari1zat1on cease conducting, or make s1grnf1cant changes in how 1t conducts, any program serv1ces? If "Yes," describe these changes on Schedule 0

DYes **No**

DYes **No**

1. Describe the organization's program serv1ce accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are reqwred to report the amount of grants and allocations to others, the total expenses, and revenue, 1f any,for each program service reported

**4a** (Code )(Expenses$ 1 , **2** 35 , 6 35 , 57 5 • lnclud,ng grants of$ 11 , 3 6 5 , 5 9 9 • ) (Revenue$ 1\_,\_s\_o\_s\_,\_4\_1\_3\_,\_2\_4\_0\_.

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.) and specialty services (oncology, cardiology, neurology) - benefit from our clinicians' high level of specialization, our collaboration with research scientists (many of whom are also physicians) affiliated with the hospital, and our significant investments in equipment, facilities and clinical and support staff. Our team has a deep commitment to setting the bar for quality and safety and exceeding the expectations of our patients and their families for service, undertaking significant investments in each of these areas.

**4b** (code )(Expenses$ 33 4, 6 BO , 6 95 • 1nclud1ng grants of$ a\_. ) (Revenue$ o\_. )

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.

We have the world's largest pediatric research program-more the 1 million square feet of dedicated research space-for many reasons. The most important reason is our focus on our patients. We are constantly evolving care, and caring for increasingly complex patients - patients with congenital heart conditions, childhood cancers, complex neurological and neurosurgical conditions, and more, Research occurs in every clinical department, and our advancement of basic research

**4c** (Code )(Expenses$ 4 2 , 7 26, 09 *6* • including grants of$ o\_. ) (Revenue$ 2\_1.....;..,\_5\_8\_1..:.,\_4\_9\_9\_. )

Teaching. We are proud to be the primary teaching hospital of Harvard Medical School, and our Nursing Department partners with 27 schools of nursing throughout Massachusetts and New England. We are home to the largest and most competitive training program in pediatrics, seeding the word with the next generations of scientists innovators and caregivers.

We offer more than 70 Training Programs (41 are accredited more than any other freestanding children's hospital), and host nearly 500

BCH-based residents and clinical fellows annually. 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

**4d** Other program services(Descnbe 1n Schedule O)

►

(Expenses $ 7 , B 5 7 , B 62 , including grants of$ 0 • ) (Revenue$ 0.)

4e Total program service expenses

832002 12-31-18

1, 6 2 0, 90 0, 228.

See Schedule 0 for Continuation(s)

Form **990**(2018)

Form 990 (2018) Children s Hospital Corporation 04-2774441 Paqe3

I Part IV I Checklist of Required Schedules

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1. Is the organization described *in* section 501(c)(3) or 4947(a)(i) (other than a private foundation)?   ff "Yes," complete Schedule A   1. Is the organ1zat1on required to complete *Schedule B, Schedule of Contnbutors,* 2. Did the organ1zat1on engage 1n direct or 1nd1rect political campaign act1v1t1es on behalf of or 1n oppos1tlon to candidates for public office? *If "Yes," complete Schedule* C, *Part I* 3. **Section 501(c)(3) organizations.**Did the organ1zat1on engage 1n lobbying act1v1t1es, or have a section 501(h) election 1n effect during the tax year? *If "Yes," complete Schedule* C, *Part fl* 4. 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 1n Revenue Procedure 98-19? *If "Yes," complete Schedule* C, *Part Ill* 5. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the nght to provide advice on the distnbut1on or investment of amounts 1n such funds or accounts? *If "Yes," complete Schedule D, Part I* 6. Did the organ1zat1on receive or hold a conservation easement, 1nclud1ng easements to preserve open space, the environment, h1stonc land areas, or h1stonc structures? *If "Yes," complete Schedule D, Part II* 7. Did the organization ma1nta1n collections of works of art, h1stoncal treasures, or other s1m1lar assets? *If "Yes," complete Schedule D, Part Ill* 8. D1d the organization report an amount 1n Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed 1n Part **X,** *or* provide credit counseling, debt management, credit repair, or debt negot1at1on services?   If "Yes," complete Schedule D, Part **IV**   1. Did the organization, directly or through a related organ1zat1on, hold assets 1n temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part* ***V*** 2. If the organization's answer to any of the following questions 1s "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable    1. Did the organization report an amount for land, bu1ld1ngs, and equipment 1n Part X, line 1Q? *If "Yes," complete Schedule D,*   Part VI   * 1. Did the organ1zat1on report an amount for investments - other secunt1es 1n Part X, line 12 that 1s 5% or more of its total assets reported 1n Part X, line 16? *If "Yes," complete Schedule D, Part VII*   2. D1d the organ1zat1on report an amount for investments - program related 1n Part **X,** \me i 3 that 1s 5% or more of its total assets reported 1n Part X, line i 6? *If "Yes," complete Schedule D, Part VIII*   3. Did the organ1zat1on report an amount for other assets 1n Part X, line i 5 that 1s 5% or more of its total assets reported 1n Part X, line 16? *If "Yes," complete Schedule D, Part IX*   4. Did the organization report an amount for other liab11it1es 1n Part X, line 25? *If "Yes," complete Schedule D, Part X*   5. D1d the organization's separate or consolidated f1nanc1al statements for the tax year include a footnote that addresses the organization's liab1l1ty for uncertain tax pos1t1ons under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*   **12a** Did the organization obtain separate, independent audited f1nanc1al statements for the tax year? *If* "Yes," *complete Schedule D, Parts XI and XII*  **b** Was the organ1zat1on included 1n consolidated, independent audited f1nanc1al statements for the tax year?  If "Yes," and If the organ1zatlon answered "No" to /me 12a, then completmg Schedule D, Parts XI and XII 1s optional  **13** Is the organization a school described 1n section 170(b)(1)(A)(11)? *If "Yes," complete Schedule E*  **14a** Did the organization ma1nta1n an office, employees, or agents outside of the United States?  **b** Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundra1s1ng, business, investment, and program service act1v1t1es outside the United States, or aggregate foreign investments valued at $100,000 or more? *If* "Yes," *complete Schedule F, Parts I and IV*   1. 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 organ1zat1on? *ff "Yes," complete Schedule F, Parts II and IV* 2. Did the organ1zat1on report on Part IX, column **(A),** line 3, more than $5,000 of aggregate grants or other assistance to or for foreign 1nd1v1duals? *If "Yes," complete Schedule F, Parts Ill and IV* 3. Did the organ1zat1on report a total of more than $15,000 of expenses for professional fundra1s1ng services on Part **IX,**   column (A), lines 6 and i 1e? If "Yes," complete Schedule G, Part I   1. D1d the organization report more than $15,000 total of fundra1s1ng event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule* G, *Part II* 2. Did the organization report more than $15,000 of gross income from gaming act1v1t1es on Part VIII, line 9a? *If* "Yes,"   complete Schedule G, Part Ill  **20a** Did the organ1zat1on operate one or more hospital fac1ht1es? *If "Yes," complete Schedule H*  **b** If "Yes" to line 20a, did the organization attach a copy of its audited f1nanc1al statements to this return?  **21** Did the organ1zat1on report more than $5,000 of grants or other assistance to any domestic organization or domestic aovernment on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 1 | X |  |
| 2 | X |  |
| 3 |  | X |
| 4 | X |  |
| 5 |  | X |
| 6 |  | X |
| 7 |  | X |
| 8 |  | X |
| 9 |  | X |
| 10 | X |  |
| 11a | X |  |
| 11b | X |  |
| 11c |  | X |
| 11d | X |  |
| 11e | X |  |
| 11f |  | X |
| 12a |  | X |
| 12b | X |  |
| 13 |  | X |
| 14a |  | X |
| 14b | X |  |
| 15 |  | X |
| 16 |  | X |
| 17 | X |  |
| 18 | X |  |
| 19 |  | X |
| 20a | X |  |
| 20b | X |  |
| 21 | X |  |

Form 990 (2018) Children s Hospital Corporation 04-2774441 Paae4

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1. Did the organization report more than $5,000 of grants or other assistance to or for domestic ind1v1duals on Part **IX,** column (A), hne 2? *If "Yes," complete Schedule I, Parts I and Ill* 2. 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 ScheduleJ*   **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 1Ssued after December 31, 2002? *If "Yes," answer Imes 24b through 24d and complete Schedule K If "No," go to /me* 25a   * 1. D1d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   2. D1d the organ1zat1on ma1nta1n an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   3. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time dunng the year?   **25a Section 501(c)(3), 501(c)(4), and 501(c)(29) orgamzatwns.** Did the organization engage 1n an excess benefit transaction with a d1squalif1ed person during the year? *If "Yes," complete Schedule L, Part I*  **b** Is the organization aware that 1t engaged 1n an excess benefit transaction with a disqualified person 1n a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*   1. 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 d1squalif1ed persons? *If "Yes," complete Schedule L, Part II* 2. Did the organ1zat1on 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 Ill* 3. Was the organ1zat1on a party to a business transaction with one of the following parties (see Schedule L, Part IV 1nstruct1ons for applicable filing thresholds, cond1t1ons, and exceptions)    1. A current or former officer, director, trustee, *or* key employee? *If "Yes," complete Schedule L, Part JV*    2. A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*    3. *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 1nd1rect owner? *If "Yes," complete Schedule L, Part IV* 4. Did the organization receive more than $25,000 1n non-cash contributions? *If "Yes," complete Schedule M* 5. Did the organization receive contributions of art, historical treasures, or other s1m1lar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* 6. Did the organization liquidate, terminate, or dissolve and cease operations?   If "Yes," complete Schedule N, Part I   1. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?lf *"Yes," complete Schedule N, Part II* 2. Did the organ1zat1on own 100% of an entity disregarded as separate from the organ1zat1on under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* 3. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ill, or IV, and Part V, !me 1   **35a** Did the orgarnzat1on have a controlled entity w1th1n the meaning of section 512(b)(13)7  **b** If "Yes" to line 35a, did the organization receive any payment from or engage 1n any transaction with a controlled entity w1th1n the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, !me 2*   1. **Section 501(c)(3) orgamzatJons.** Did the organization make any transfers to an exempt non-charitable related organization?   If "Yes," complete Schedule R, Part V, /me 2   1. Did the organ1zat1on conduct more than 5% of its act1v1t1es through an entity that 1s not a related organization and that 1s treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* 2. Did the organ1zat1on complete Schedule O and provide explanations 1n Schedule O for Part VI, lines 11b and 19?   **Note.** All Form 990 filers are reau1red to complete Schedule 0 | 22 | X |  |
| 23 | X |  |
| 24a | X |  |
| 24b |  | X |
| 24c |  | X |
| 24d |  | X |
| 25a |  | X |
| 25b |  | X |
| 26 |  | X |
| 27 |  | X |
| 28a |  | X |
| 28b |  | X |
| 28c |  | X |
| 29 | X |  |
| 30 |  | X |
| 31 |  | X |
| 32 |  | X |
| 33 | X |  |
| 34 | X |  |
| 35a | X |  |
| 35b |  | X |
| 36 |  | X |
| 37 |  | X |
| 38 | X |  |

I Part VI Statements Regarding Other IRS Filings and Tax Compliance

Check 1f Schedule O contains a response or note to any IIne 1n this Part V D

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| **1a** Enter the number reported 1n Box 3 of Form 1096 Enter -0- 1f not applicable I 1a I 1952   1. Enter the number of Forms W-2G included *m* line 1a Enter -0- *1f* not applicable J 1b J 1 2. Did the organization comply with backup w1thhold1ng rules for reportable payments to vendors and reportable gaming   (gambling) winnings to pnze winners? | 1c | X |  |

Form 990 /2018) Children s Hospital Corporation 04-2774441 Paae5

I Part V I Statements Regarding Other IRS Filings and Tax Compliance *(contmued)*

**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 w1th1n the year covered by this return

**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 1 a and 2a 1s greater than 250, you may be required to *e-fi/e* (see 1nstruct1ons)

**3a** Did the organization have unrelated business gross income of $1,000 or more dunng the year?

b If "Yes," has 1t filed a Form 990-T for this year? *If "No" to !me 3b, provide an explanation ,n Schedule* 0

**4a** At any time dunng the calendar year, did the organ1zat1on have an interest 1n, or a signature or other authority over, a

14622

2b

3a

3b

Yes No

X

X X

financial account 1n a foreign country (such as a bank account, securities account, or other f1nanc1al account)?



**b** If "Yes," enter the name of the foreign country

See 1nstruct1ons for filing requirements for F1nCEN Form 114, Report of Foreign Bank and F1nanc1al Accounts (FBAR)

**5a** Was the organization a party to a proh1b1ted tax shelter transaction at any time during the tax year?

1. Did any taxable party notify the organization that 1t was or 1s a party to a proh1b1ted tax shelter transaction?
2. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

**6a** Does the organ1zat1on 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?

**b** If "Yes," d1d the organization include with every solic1tat1on an express statement that such contributions or gifts were not tax deductible?

1. Organizations that may receive deductible contributions under section 170(c).
   1. D1d the organ1zat1on receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?
   2. If "Yes," did the organization notify the donor of the value of the goods or services provided?
   3. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which 1t was required to file Form 8282?

4a X

5a X

5b X

5c

6a X

6b X

7a X

7b X

7c X

* 1. If "Yes," 1nd1cate the number of Forms 8282 filed dunng the year J 7d J
  2. Did the organ1zat1on receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
  3. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
  4. If the organization received a contnbut1on of qualified 1ntellectual property, did the organization file Form 8899 as required?
  5. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ1zat1on file a Form 1098-C?

1. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma1nta1ned by the

7e X

7f X

**7g** NIA

**7h** NIA

sponsoring organ1zat1on have excess business holdings at any time during the year?

1. Sponsoring organizations maintaining donor advised funds
2. Did the sponsoring organization make any taxable d1stribut1ons under section 4966?
3. Did the sponsoring organization make a d1stribut1on to a donor, donor advisor, or related person?

NIA

NIA NIA

8

9a

9b

1. Section 501(c)(7) organizations Enter
2. lnit1at1on fees and capital contributions included on Part **VIII,** line 12
3. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club fac1l1t1es
4. Section 501(c)(12) organizations. Enter

NIA I 1oa J

10b

1. Gross income from members or shareholders

NIA

11a

1. 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 1n lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year *NI* A I 12b J

12a

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

'----' l

1. Is the organization licensed to issue qualified health plans 1n more than one state?

**Note.** See the 1nstruct1ons for add1t1onal 1nformat1on the organization must report on Schedule 0

1. Enter the amount of reserves the organization 1s required to ma1nta1n by the states 1n which the organization 1s licensed to issue qualified health plans
2. Enter the amount of reserves on hand

NIA

I **13b** I

13c

13a

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a |  | X |
| b | **If** "Yes," has 1t filed a Form 720 to report these payments? *If "No," provide an explanation ,n Schedule* 0 | 14b |  |  |
| 15 | Is the organization sub1ect to the section 4960 tax on payment(s) of more than $1,000,000 1n remuneration or excess parachute payment(s) during the year? | 15 | X |  |
| 16 | If "Yes," see 1nstruct1ons and file Form 4720, Schedule **N**  Is the organization an educational 1nst1tut1on subject to the section 4968 excise tax on net investment income? | 16 |  | X |
|  | If "Yes "complete Form 4720 Schedule 0 |  |  |  |

Form **990** (2018)

832005 12-31-18

**Part VI Governance, Management, and Disclosure** For each "Yes" response to Imes 2 through 7b below, and fora "No" response to /me Ba, Bb, or 10b below, descnbe the ctrcumstances, processes, or changes m Schedule O See mstruct1ons

Check 1f Schedule O contains a response or note to any line 1n this Part VI [iJ

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  *If* there are material differences m voting rights among members of the governing body, or 1/ the governmg body delegated broad authority to an executive committee or s1m1lar committee, explain in Schedule 0  **b** Enter the number of voting members included in line i a, above, who are independent | 1a | 16 | 2 |  | X |
| 1b | 14 |
| 1. Did any officer, director, trustee, or key employee have a family relat1onsh1p or a business relationship with any other officer, director, trustee, or key employee? 2. Did the organization delegate control over management duties customarily performed by or under the direct superv1s1on of officers, directors, or trustees, or key employees to a management company or other person? 3. Did the organ1zat1on make any s1gn1f1cant changes to its governing documents since the pnor Form 990 was filed? 4. Did the organization become aware dunng the year of a sign1f1cant diversion of the organization's assets? 5. Did the organization have members or stockholders?   **7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members at the governing body?  **b** Are any governance dec1s1ons of the orgarnzat1on reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   1. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.    1. The governing body?    2. Each committee with authority to act on behalf of the governing body? 2. Is there any officer, director, trustee, or key employee listed 1n Part **VII,** Section A, who cannot be reached at the   orqanizat1on's ma1l1na address? If "Yes," provide the names and addresses m Schedule 0 | | |
| 3 |  | X |
| 4 |  | X |
| 5 |  | X |
| 6 | X |  |
| 7a | X |  |
| 7b | X |  |
| Sa | X |  |
| Sb | X |  |
| 9 |  | X |

**Section B. Policies** (This Section B requests information about po/Jc1es not reqwred by the Internal Revenue Code)

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| **10a** Did the organization have local chapters, branches, or affiliates?  **b** If "Yes," did the organization have wntten policies and procedures governing the act1v1t1es of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body *before* f1l1ng the *form?*  **b** Descnbe 1n Schedule O the process, 1f any, used by the organization to review this Form 990  **12a** Did the organ1zat1on have a wntten conflict of interest policy? *If "No," go to !me 13*  **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts?  **C** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," descnbe*  ,n Schedule O how this was done   1. Did the organ1zat1on have a wntten wh1stleblower policy? 2. Did the organization have a wntten document retention and destruction policy? 3. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substant1at1on of the deliberation and decision?    1. The organization's CEO, Executive Director, or top management off1c1al    2. Other officers or key employees of the organization   If "Yes" to line 15a or i 5b, describe the process 1n Schedule O (see 1nstruct1ons)  **16a** Did the organization invest in, contribute assets to, or part1c1pate 1n a Joint venture or s1m1lar arrangement with a taxable entity dunng the year?  **b** If "Yes," did the organization follow a written policy or procedure requ1nng the organization to evaluate its part1c1pat1on 1n Joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exempt status with respect to such arranqements? | 10a |  | X |
| 10b |  |  |
| 11a | X |  |
| 12a | X |  |
| 12b | X |  |
| 12c | X |  |
| 13 | X |  |
| 14 | X |  |
| 15a | X |  |
| 15b | X |  |
| 16a |  | X |
| 16b |  |  |

Section C. Disclosure

-------------------------►

1. List the states with which a copy of this Form 990 1s required to be filed MA
2. Section 6104 requires an organization to make its Forms i 023 (1024 or i 024-A if applicable), 990, and 990-T (Section 50i (c)(3)s only) available

for public 1nspect1on Indicate how you made these available Check all that apply

D Own website D Another's website [iJ Upon request D Other *(exp/am m Schedule 0)*

1. Describe 1n Schedule O whether (and If so, how) the organ1zat1on made its governing documents, conflict of interest policy, and f1nanc1al

statements available to the public during the tax year

1. State the name, address, and telephone number of the person who possesses the organ1zat1on's books and records

Doug Vanderslice - 617-355-6000

300 Longwood Avenue, Boston, MA 02115

* \_

a32oos 12-3Ha Form **990** (2018)

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

Check 1f Schedule O contains a response or note to any line 1n this Part VII D

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 w1th1n the organ1zat1on 's tax year

* + List all of the organization's **current** officers, directors, trustees (whether 1nd1v1duals or organizations), regardless of amount of compensation Enter -0- 1n columns (D), (E), and (F) 1f no compensation was paid
  + List all of the organization's **current** key employees, 1f any See 1nstruct1ons for def1n1t1on of "key employee "
  + List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report­ able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
  + List all of the organization's **former** officers, key employees, and hrghest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organ1zat1ons
  + List all of the organization's **former directors or trustees** that received, 1n the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organ1zat1on and any related organ1zat1ons

List persons 1n the following order 1nd1v1dual trustees or directors, 1nst1tut1onal trustees, officers, key employees, highest compensated employees, and former such persons

D Checkht IS box I ne1ther the orqanizat1on nor anv re ated orqan zat1on compensated any current off1cer, d1rector, or trustee

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (A)  Name and Title | (B)  Average hours per week  (11st any hours for related organizations below  line) | (C)  Pos1t1on  (do not check more than one box1 unless person 1s both *an* officer and a director/trustee) | | | | | | (D)  Reportable compensation from  the organ1zat1on  (W-2/1099-MISC) | (E)  Reportable compensation from related organizations  r,N-2/1099 MISC) | (F)  Estimated amount of other compensation from the organization and related organizations |
| "C  5  1  I | \*g  g  ! | Se  0 | i  f  £ | 1  E  8  j.[  9E  a= | §  .l: |
| (1) Douglas Berthiaume  Director Chairman | 5 00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 5.00 |
| ( 2) Allan Bufferd  Director | 1,00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| (3) Winston Henderson  Director | 1,00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| ( 4) Stephen Karp  Director | 1,00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| ( 5) Steven Krichmar  Director | 1.00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1.00 |
| (6) Robert Langer  Director | 1,00 | X |  |  |  |  |  | 0. | 0, | 0. |
| 1,00 |
| ( 7) Harvey Lodish, PhD  Director | 1.00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| ( 8) Gary Loveman  Director | 1.00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| (9) Ralph C Martin  Director | 1,00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1 00 |
| (10) Thomas Melendez  Director | 1,00 | X |  |  |  |  |  | 0. | 0. | 0 |
| 1.00 |
| (11) Kathleen Regan  Director | 1,00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| (12) Robert A, Smith  Director - Vice Chair | 2,00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 2,00 |
| (13) Alison Taunton-Rigby,PhD  Director | 1.00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1.00 |
| (14) Marc B, Wolpow  Director | 1,00 | X |  |  |  |  |  | 0. | 0. | 0 |
| 1,00 |
| (15) Sandra Fenwick  CEO, Noncomp Director | 55,00 | X |  | X |  |  |  | 2,606,425, | 0. | 77,051, |
| 6,00 |
| (16) Kevin Churchwell, MD  President & COO/Noncomp Director | 55,00 | X |  | X |  |  |  | 1,543,129. | 0. | 75,817. |
| 5,00 |
| (17) Doug Vanderslice  EVP, Treasurer & CFO | 55,00 |  |  | X |  |  |  | 1,513,352, | 0. | 55 ,817. |
| 7,00 |

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I**Part Vil**I Section A Officers, Directors, Trustees, Key Employees, and H1ohest Compensated Employees *(continued)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (A)  Name and title | (B)  Average hours per week  (11st any hours for related organ1zat1ons below  hne) | (C)  Pos1t1on  {do not check more than one  box, unless person 1s both an officer and a director/trustee) | | | | | | (D)  Reportable compensation from  the organization  0/V-2/1099-MISC) | (E)  Reportable compensation from related organizations  0/V-2/1099-MISC) | (F)  Estimated amount of other compensation from the organization and related organizations |
| i  -0  s-ti  s: | j;  I  B | I | l  !l, | =  13  t  =.2 =  :Sc !'E | §  ci: |
| ( 18) Bruce Balter  Asst Treasurer/Dir Corp Finance | 55,00 |  |  | X |  |  |  | 267,629. | 0. | 50,653, |
| 5,00 |
| (19) Michele Garvin, Esq,  General Counsel & Secretary | 55,00 |  |  | X |  |  |  | 909,793 | 0. | 47,262, |
| 6,00 |
| ( 20) Dionne Mottley  Asst Sec/Exec Asst | 55,00 |  |  | X |  |  |  | 60,077. | 0. | 7,456, |
| 5,00 |
| (21) Laura J, Wood, DNP, MS ' RN CNO/Noncomp Director | 55,00 |  |  |  | X |  |  | 619,506, | o. | 46,840, |
| 5,00 |
| (22) Demosthenes Argys  SVP, & Chief Administrative Officer | 55,00 |  |  |  | X |  |  | 687,652, | 0. | 44,700, |
| 5,00 |
| ( 23) August Cervini  VP, Research Administration | 55,00 |  |  |  | X |  |  | 400,518, | 0, | 42,029, |
| 5,00 |
| ( 24) Michael Gillespie  VP, Clinical Services | 55,00 |  |  |  | X |  |  | 492,436, | 0. | 36,069, |
| 5,00 |
| ( 25) Cynthia Haines  SVP, International Services | 55 00 |  |  |  | X |  |  | 627,094. | 0. | 48,357, |
| 5,00 |
| (26) Patricia Hickey, PhD, MBA, RN,  VP, Cardiovascular Services | 55,00 |  |  |  | X |  |  | 394,938. | 0. | 39,897, |
| 5,00 |
| 1b Sub-total  C Total from continuation sheets to Part VII, Section A ►  ***d*** Total (add Imes 1b and 1c} ► | | | | | | | | 10,122,549, | 0. | 571,948, |
| 7,188,579, | 0, | 381,316, |
| 17,311,128. | 0. | 953,264. |

**2** Total number of 1nd1v1duals (including but not limited to those listed above) who received more than $100,000 of reportable comoensat1on from the orqarnzat1on

►

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1. Did the organ1zat1on list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such md1v1dual* 2. For any 1nd1v1dual listed on line 1a, 1s 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 md1V1dual* 3. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or 1nd1v1dual for services   rendered to the oraan1zat1on? If "Yes," complete Schedule J for such person | 3 | X |  |
| 4 | X |  |
| 5 |  | X |

2 ' 333

Section B. Independent Contractors

|  |  |  |
| --- | --- | --- |
| (A)  Name and business address | (Bl  Description of services | (C)  Compensation |
| Suffolk Construction  65 Allerton Street, Boston, MA 02119 | onstruction Services | 139,503,168, |
| The Brigham and Women's Hospital  75 Francis Street, Boston, MA 02115 | ealthcare/Research Services | 28,978,007, |
| Shepley Bulfinch  Two Seaport Lane, Boston, MA 02210 | rchitectural Services | 12,780,774. |
| VPNE Parking Solutions  343 Congress Street, Boston, MA 02210 | Parking Serives | 8,111,991, |
| PricewaterhouseCoopers LLP  P.O. Box 7247-8001, Philadelphia, PA 19170 | onsulting Services | 7,724,481. |
| **2** Total number of independent contractors (1nclud1ng but not l1m1ted to those listed above) who received more than  $100 000 of comoensat1on from the oraan1zat1on ► 277 | |  |

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organizat10n Report compensat10n for the caIendar year end1nq with orw1th1n th e orqan1zat1on 's tax year

See Part VII, Section A Continuation sheets

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Form **990** (2018)

Form 990 Children's Hospital Corporation 04-2774441

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (AJ | (BJ | (C) | | | | | | (DJ | (EJ | (F) |
| Name and title | Average | Pos1t1on | | | | | | Reportable | Reportable | Estimated |
|  | hours | {check all that apply) | | | | | | compensation | compensation | amount of |
|  | per | 'ii  -"0  0  I  "'  >  .-s0 |  |  | 1;,  I  ii;-  ""' | i  .2  la  i  j  £ |  | from | from related | other |
|  | week |  |  |  | the | organizations | compensation |
|  | (11st any |  |  |  | organization | 0/'l-2/1099-MISC) | from the |
|  | hours for related  organ1zat1ons | I |  |  | 0/'l-2/1099 MISC) |  | organization  and related organizations |
|  | below line) | -§  .s | 0 | §  ,r: |  |  |  |
| (27) Lisa Hogarty  SVP, RE Planning and Development | 55,00 |  |  |  | X |  |  | 600,433, | 0. | 48,268, |
| 5,00 |
| ( 28) Daniel Nigrin, MD  SVP & Chief Information Officer | 55 00 |  |  |  | X |  |  | 640,764 | o. | 40,877, |
| 5,00 |
| ( 29) Philip Rotner  Chief Investment Officer | 55,00 |  |  |  | X |  |  | 1,430,107, | o. | 62,807. |
| 5,00 |
| ( 30) Wendy Warring  SVP, Network Development | 55,00 |  |  |  | X |  |  | 678,867, | 0. | 45,057, |
| 5,00 |
| (31) Nader Rifai, PhD  Director, Chemistry | 55,00 |  |  |  |  | X |  | 684,753, | 0. | 42,902, |
| 0,00 |
| ( 32) Lynn Susman  President, Children's Hospital Trust | 55,00 |  |  |  |  | X |  | 631,673. | 0. | 58,082, |
| 0,00 |
| (33) Reginald Stover  VP, Human Resources | 55,00 |  |  |  |  | X |  | 621,874, | o. | 22,751, |
| 0,00 |
| (34) Martin Kelly  Director, Investments | 55,00 |  |  |  |  | X |  | 641,298, | o. | 39,714, |
| 0,00 |
| (35) Alison Svizzero  Director, Investments | 55,00 |  |  |  |  | X |  | 583,880, | a. | 20,858, |
| 0,00 |
| (36) James Mandell, MD  Former CEO | 0,00 |  |  |  |  |  | X | 674,930, | 0. | 0. |
|  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  |
| Total to Part VII Section A line 1c | | | | | | | | 7,188,579. |  | 381,316, |

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04-01-18

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Part VIII Statement of Revenue

Cheek 1f Schedule O contains a resoonse or note to any line in this Part VIII

(A) (I:!) [C)

Total revenue Related or Unrelated

D

RevenulfJxcluded

..**(I**.**)**...**(**.**I)**.

cc

**1 a** Federated campaigns **1a** 37,348,

exempt function revenue

business revenue

from tax under sections 512 - 514

r,.o\_ 0:i

**b** Membership dues **1b**

<!IE

cn"<l:

**C** Fundra1s1ng events

**1c** 4,219,036,

###### !E1u

Cl-

E

en·

-

§cii

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:.9...-$Q)

**d** Related organizations **1d e** Government grants (contnbut1ons) **1e f** All other contributions, gifts, grants, and

s1mIlar amounts not included above **1f**

31,488,798,

1.79,392,258,

,1:,0

oC"cCl

1. Noncash contnbutmns included m Imes *1a-1f* $ 15,183,774.

() ro

1. Total Add lines 1a-1f

►

Business Cod€

415,137,440.

**Q) 2 a** Patient Svc Revenue

0

621110

1,434,737,224. 1,434,737,224.

>,\_ **Q)**

(Q/))c:i

E Q)

**ro** iii

**b** Frog Svc Grants

**C** Graduate Medical Educa

1. Prof Svc Revenue

621110

611710

621110

52,905,804.

21,581,499

17,770,212.

52,905,804.

21,581,499.

17,770,212.

EJO:

**0**,.\_

1. Lab Revenue

621500

376,351.

376,351,

***a.*** f All other program service revenue

**q Total.** Add lines 2a-2f

1. Investment income (1nclud1ng d1v1dends, interest, and other s1mIlar amounts)

* 1,527,371,090

►

|  |  |  |  |
| --- | --- | --- | --- |
| 10,336,616. |  | -352,577. | 10,689,193, |
|  |  |  |  |
| 8,354,266, |  |  | 8,354,266, |

1. Income from investment of tax-exempt bond proceeds ►

►

1. Royalties

(1} Real (11) Personal

|  |  |  |
| --- | --- | --- |
| 6 a | Gross rents | 15,100,941, |
| b | Less rental expenses | 8,459,072. |
| C | Rental income or (loss) | 6,641,869, |

**d** Net rental income or (loss)

►

**7 a** Gross amount from sales of /1) Securities (11) Other assets other than inventory 298,412,299,

**b** Less cost or other basis

and sales expenses 264,421,672.

**C** Gain or (loss) 33,990,627.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | d | Net gain or (loss) |  | 33,990,627 | 33,990,627, |
| Q) | 8 a | Gross income from fundra1sIng events (not |  |  |  |
| :i C  Q) |  | 4,219,036. of |  |  |  |

6,641,869.

-5,670,876,

12,312,745.

>

Q)

a,\_:

Q)

1nclud1ng $

contributions reported on line 1c) See Part IV, line 18

►

**a** 1,885,820.

**.**..**.**.**c**.

0

**b** Less direct expenses **b**

**C** Net income or (loss) from fundraIs1ng events

1. **a** Gross income from gaming act1vItIes See Part IV, line 19 **a**

**b** Less direct expenses **b**

**C** Net income or (loss) from gaming activities

1. **a** Gross sales of inventory, less returns

and allowances **a**

**b** Less cost of goods sold **b**

**C** Net income or /loss\ from sales of inventorv Miscellaneous Revenue

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 11 a | Other General Services | 900099 | 27,759,876, |  | 27,759,876, |
| b | Parking Revenue | 812930 | 8,524,714. |  | 8,524,714, |
| C | Cafeteria Sales | 722210 | 7,894,079, |  | 7,894,079, |
| d | All other revenue | 531390 | 809,387. | 178,065, | 631,322. |

1,977,376.

►

►

►

Business Code

-91,556.

-91,556,

**e Total,** Add lines 11a-11d

**12** Total revenue See instructions

44,988,056,

* 2,046,728,408, 1,526,994,739,

-5,469,037.

110,065,266.

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xpenses

Part IX tatement o

Section 501(c)(3) and 501(c)(4) organ1zat1ons must complete all columns All other orgamzat,ons must complete column (A)

Pa e **10**

Cheek If Schedule O contains a resoonse or note to any line In this Part IX **X**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do not include amounts reported on Imes  lb, Sb, 9b, and 10b of Part VIII | | | 6b, | (AJ  Total expenses | (BJ  Program service  expenses | (CJ  Management and  general expenses | (DJ  Fundra1SIng expenses |
| 1 | Grants and other assistance to domestic organizations | | |  |  |  |  |
|  | and domestic governments See Part IV, line 21 | | | 9,973,085, | 9,973,085, |
| 2 |  |  |  |  |
| Grants and other assistance to domestic | | |  |  |
|  | 1nd1v1duals See Part IV, line 22 | | | 1,392,514, | 1,392,514, |
|  |  |  |  |
| 3 | Grants and other assistance to foreign | | |
|  | orgamzatIons, foreign governments, and foreign | | |
|  | 1nd1v1duals See Part IV, lines 15 and 16 | | |
|  |  |  |  |
| 4 | Benefits paid to or for members | | |
|  |  |  |  |
| 5 | Compensation of current officers, directors, | | |  |  |
|  | trustees, and key employees | | | 14,241,675, | 14,241,675, |
|  |  |  |  |
| 6 | Compensation not included above, to d1squal1f1ed | | |
|  | persons (as defined under section 4958(f)(1)) and | | |
|  | persons described in section 4958(c)(3)(B) | | |
| 740,588,925, | 581,410,652. | 141,500,723, | 17,677,550, |
| 7 | Other salaries and wages | | |
|  |  |  |  |
| 8 | Pension plan accruals and contributions (include | | |  |  |  |  |
|  | section 401(k) and 403(b) employer contributions) | | | 38,923,190, | 37,436,141, | 239,877. | 1,247,172. |
| 9 | other employee benefits | | | 65,555,689, | 63,414,949, | 345,324. | 1,795,416. |
| 69,490,122 | 66,835,274, | 428,255, | 2,226,593, |
| '10 | Payroll taxes | | |
|  |  |  |  |
| 11 | Fees for services (non-employees) | | |  |  |  |
| a | Management | | | 7,615,654, | 2,254,591. | 5,361,063, |
| 3,917,196, | 1,520,256, | 2,396,940, |  |
| b | Legal | | |
| 1,770,096, | 693,038, | 1,074,608 | 2,450, |
| c | Accounting | | |
| 107,669, | 107,669. |  |  |
| d | Lobbying | | |
| 1,378,073, |  |  | 1,378,073, |
| e | Professional fundra1s1ng services See Part IV, line 17 | | |
|  |  |  |  |
| f | Investment management fees | | |
|  |  |  |  |
| g | Other (If line 11g amount exceeds 10% of line 25, | | |  |  |  |  |
|  | column (A) amount, 11st line 11g expenses on Sch O) | | | 279,539,505, | 237,750,422. | 41,035,477. | 753,606, |
| 12 | Advert1s1ng and promotion | | | 2,142,100, | 1,861,730, | 264,526, | 15,844. |
| 41,667,273, | 18,230,446, | 15,852,021. | 7,584,806. |
| 13 | Office expenses | | |
| 38,886,347. | 12,772,679. | 25,544,371, | 569,297, |
| 14 | Information technology | | |
|  |  |  |  |
| 15 | Royalties | | |
| 108,479,940, | 107,009,241. |  | 1,470,699. |
| 16 | Occupancy | | |
| 6,975,275, | 5,502,471 | 1,350,723, | 122,081, |
| 17 | Travel | | |
|  |  |  |  |
| 18 | Payments of travel or entertainment expenses | | |
|  | for any federal, state, or local public officials | | |
| 1,266,446, | 1,185,690, |  | 80,756, |
| 19 | Conferences, conventions, and meetings | | |
| 36,045,670, | 35,566,224. | 479,446, |  |
| 20 | Interest | | |
|  |  |  |  |
| 21 | Payments to affiliates | | |
| 120,863,104, | 119,923,521. |  | 939,583, |
| 22 | DeprecIatIon, depletion, and amortIzat1on | | |
| 8,155,701, | 5,925,759, | 2,229,942, |  |
| 23 | Insurance | | |
|  |  |  |  |
| 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 | | | 258,005,886, | 257,097,154, | 908,732, |  |
| Uncollectible | Accts | | 34,188,976, | 34,188,976, |  |  |
| b |
| Uncompensated | Care | | 10,336,281, | 10,336,281, |  |  |
| c |
| d  e | Free Care | | | 8,511,465, | 8,511,465. |  |  |
| All other expenses | | |  |  |  |  |
| 25 | Total functional expenses Add lines 1 through 24e | | | 1,910,017,857, | 1,620,900,228. | 253,253,703, | 35,863,926, |
| 26 | **Joint costs** Complete this line only 1f the organization  reported in column (B) Jotnt costs from a combined educational campaign and fundra1s1ng solIc1tatIon  Check here► D 11 following SOP 98-2 (ASC 958-720) | | |  |  |  |  |

Form 990 /2018\ Children's Hospital Corporation 04-2774441 Paqe **11**

I Part X I Balance Sheet

Check 1f Schedule O contains a resoonse or note to any line 1n this Part X l I

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | (A)  Beginning of year |  | (B)  End of year |
| II)  t  II)  II)  <i: | 1 | Cash - non-interest-bearing | | |  | 1 |  |
| 607,592. | 2 | 30,179,033. |
| 2 | Savings and temporary cash investments | | |
| 269,599,895. | 3 | 252,769,686. |
| 3 | Pledges and grants receivable, net | | |
| 297,700,414. | 4 | 325,186,584. |
| 4 | Accounts receivable, net | | |
|  |  |  |
| 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 d1squalif1ed persons (as defined under | | |  |
|  | section 4958(1)(1)), persons described 1n section 4958(c)(3)(B), and contribut1ng | | |  |
|  | employers and sponsoring organ1zat1ons of section 501(c){9) voluntary | | |  |
|  | employees' benef1c1ary organizations (see instr) Complete Part II of Sch L | | | 6 |
| 7 | Notes and loans receivable, net | | |  | 7 |  |
| 27,808,866. | 8 | 31,244,443. |
| 8 | Inventories for sale or use | | |
| 27,006,801. | 9 | 19,740,177. |
| 9 | Prepaid expenses and deferred charges | | |
| **10a** Land, burld1ngs, and equrpment cost or other basis Complete Part **VI** of Schedule D  **b** Less accumulated deprec1at1on | | 10a | 3,253,196,418. |  |  |  |
| 10b | 1,886,293,682. | 1,197,239,382. | 10c | 1,366,902,736, |
| 11 | Investments - publicly traded securrt1es | | | 264,908,943. | 11 | 237,357,146. |
| 1,070,412,496. | 12 | 1,124,465,251. |
| 12 | Investments - other securrt1es See Part IV, line 11 | | |
|  | 13 |  |
| 13 | Investments - program-related See Part IV, line 11 | | |
| 2,403,230. | 14 | 2,279,295. |
| 14 | Intangible assets | | |
| 2,824,829,438, | 15 | 2,943,357,342. |
| 15 | Other assets See Part IV, line 11 | | |
| 5,982,517,057. | 16 | 6,333,481,693. |
| 16 | **Total assets.** Add lrnes 1 throuah 15 /must equal line 34) | | |
|  | 17  18  19  20  21  22  23  24  25  26 | Accounts payable and accrued expenses Grants payable  Deferred revenue  Tax-exempt bond hab1ht1es  Escrow or custodial account \iab1\ity Complete Part **IV** of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and d1squalif1ed persons Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties  Other hab1ht1es (1nclud1ng federal income tax, payables to related third parties, and other l1ab1\it1es not included on lines 17 24) Complete Part X of Schedule D  Organizations that follow SFAS 117 (ASC 958), check here► Wand  **Total hab1ht1es** Add lines 17 throuah 25 | | | 315,085,352. | 17 | 310,682,550. |
|  |  | 18 |  |
|  | 122,272,940. | 19 | 148,299,094. |
|  | 872,393,932. | 20 | 872,102,006. |
|  |  | 21 |  |
| II) |  |  |  |
| (!) |  |
| ***:***r***a***o  .J | 22 |
| 347,349,157. | 23 | 347,442,169. |
|  |  | 24 |  |
|  | 265,815,691. | 25 | 444,575,379. |
|  | 1,922,917,072, | 26 | 2,123,101,198. |
| II)  Ql  (.)  **rCo:** iii Ill  '"O  C:  u:J  ...**.**.  0  ..***U***..***)***.  Ql  U)  U)  <i:  **z**t |  | complete Imes 27 through 29, and Imes 33 and 34 | | |  |  |  |
| 27 | Unrestricted net assets | | | 2,381,710,816. | 27 | 2,474,416,269. |
| 879,854,728. | 28 | 904,708,832. |
| 28 | Temporarily restricted net assets | | |
| 29 | Permanently restricted net assets ► D | | | 798,034,441. | 29 | 831,255,394. |
|  | Organizations that do not follow SFAS 117 (ASC 958), check here | | |  |  |  |
|  | and complete Imes 30 through 34. | | |  |
| 30 | Capital stock or trust principal, or current funds | | | 30 |
| 31 | Pa1d-1n or capital surplus, or land, bu1ld1ng, or equipment fund | | |  | 31 |  |
| 32 | Retained earnings, endowment, accumulated income, or other funds | | |  | 32 |  |
| 33 | Total net assets or fund balances | | | 4,059,599,985, | 33 | 4,210,380,495. |
| 34 | Total liab11it1es and net assets/fund balances | | | 5,982,517,057. | 34 | 6,333,481,693. |

Form **990** (2018)

832011 12-31-18

Form990 20i8 Children's Hospital Corporation 04-2774441 Pa e **12**

Part XI Reconci11at1on of Net Assets

Cheek If ScheduIe O contains a response or note to anv line 1n t h1s Part XI

|  |  |  |
| --- | --- | --- |
| 1. Total revenue (must equal Part VIII, column (A), line 12) 2. Total expenses (must equal Part IX, column (A), line 25) 3. Revenue less expenses Subtract line 2 from line 1 4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5. Net unrealized gains (losses) on investments 6. Donated services and use of fac11it1es 7. Investment expenses 8. Pnor penod adJustments 9. Other changes 1n net assets or fund balances (explain 1n Schedule 0) 10. Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 1 | 2,046,728,408, |
| 2 | 1,910,017,857, |
| 3 | 136,710,551, |
| 4 | 4,059,599,985, |
| 5 | -76,287,661. |
| 6 |  |
| 7 |  |
| 8 | -3,768,169, |
| 9 | 94,125,789, |
| 10 | 4,210,380,495, |

I Part Xiii Financial Statements and Reporting

Check 1f Schedule O contains a response or note to anv line 1n this Part XII D

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| **1** Accounting method used to prepare the Form 990 D Cash W Accrual D Other  If the organization changed its method of accounting from a prior year or checked "Other," explain 1n Schedule 0  **2a** Were the organ1zat1on's f1nanc1al statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to 1nd1cate whether the f1nanc1al statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  D Separate basis D Consolidated basis D Both consolidated and separate basis   1. Were the organ1zat1on's f1nanc1al statements audited by an independent accountant?   If "Yes," check a box below to 1nd1cate whether the f1nanc1al statements for the year were audited on a separate basis, consolidated basis, or both  D Separate basis W Consolidated basis D Both consolidated and separate basis   1. If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons1b11ity for oversight of the audit, review, or compilation of its f1nanc1al statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process dunng the tax year, explain 1n Schedule 0  **3a** As a result of a federal award, was the organ1zat1on required to undergo an audit or audits as set forth 1n the Single Audit Act and 0MB Circular A-133?  **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  or audits, explain whv 1n Schedule O and describe anv steps taken to underoo such audits | 2a |  | X |
| 2b | X |  |
| 2c | X |  |
| 3a | X |  |
| 3b | X |  |

Form **990** (2018)

832012 12-31-18

|  |  |  |
| --- | --- | --- |
| SCHEDULE A  (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service | Public Charity Status and Public Support  Complete 1f 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.  Go to www.1rs gov/Form990 for instructions and the latest information | 0MB No 1545-0047 |
| 2018  Open to Public Inspection |

Name of the organization

Children's Hospital Corporation

Employer 1dent1f1catIon number

04-2774441

**Part I Reason for Public hanty 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. D A church, convention of churches, or assocIatIon of churches described In section 170(b)(1)(A)(1).
2. D A school described in section 170(b)(1)(A)(11). (Attach Schedule E (Form 990 or 990-EZ))
3. 0 A hospital or a cooperative hospital service organization descnbed In **section 170(b)(1)(A)(111)**
4. D A medical research organization operated In coniunctIon with a hospital described In **section 170(b)(1)(A)(111)** Enter the hospital's name,

city, and state---------------------------------------------

D

s 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)(1v) (Complete Part II)

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

□

*1* 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)(1J(A)(v1) (Complete Part II)

sD A community trust descnbed in **section 170(b)(1)(A)(v1).** (Complete Part II)

9 D An agricultural research organization described In **section 170(b)(1)(A)(1x)** operated in conJunctIon with a land-grant college

or unIvers1ty or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or

university

1. An organization that normally receives (1) more than 33 1/3% of its support from contnbutIons, membership fees, and gross receipts from act1vItIes 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 Ill)
2. An organization organized and operated exclusively to test for public safety See **sectmn 509(a)(4).**
3. D 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

* 1. D Type I. A supporting organization operated, supervised, or controlled by its supported organizat1on(s), typically by gIvIng

the supported organ1zat1on(s) the power to regularly appoint *or* elect a maJonty of the directors or trustees of the supporting

organization You must complete Part IV, Sections A and B.

* 1. D Type II A supporting organization supervised or controlled In connection with its supported organizat1on(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.**

* 1. D Type Ill functionally integrated. A supporting organization operated In connection with, and functIonally integrated with,

its supported organizat1on(s) (see instructions) You must complete Part **IV,** Sections A, **D,** and E

* 1. D Type Ill non-functionally integrated. A supporting organization operated In connection with its supported organizat1on(s)

that Is not functionally integrated The organization generally must satisfy a d1stnbut1on requirement and an attentiveness

requirement (see 1nstructIons) You must complete Part **IV,** Sections A and **D,** and Part **V**

* 1. D Check this box If the organization received a written determInat1on from the IRS that It Is a Type I, Type 11, Type Ill

functionally integrated, or Type Ill non functionally integrated supporting organization f Enter the number of supported organizations

**g** Provide the follow1na InformatIon about the surmorted orqan1zat1on(s)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (1) Name of supported organization | (11) EIN | (111) Type of organization (described on lines 1-10 above /see 1nstruct1ons\\ | ,g o 1ir [fJ •: ! t? | | **(v)** Amount of monetary support (see instructions) | **(v1)** Amount of other support (see instructions) |
| Yes | No |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 10-11-10 Schedule A (Form 990 or 990-EZ) 2018

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ldren's Hospital Corporation

VI

(Complete only 1f you checked the box on line 5, 7, or 8 of Part I or 1f the organization failed to qualify under Part Ill If the organization fails to qualify under the tests listed below, please complete Part Ill)

Section A. Public Support

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Calendar year (or fiscal year beginning in)►   1. Gifts, grants, contnbut1ons, and *membership fees received* (Do *not* include any "unusual grants ") 2. Tax revenues levied for the organ- 1zat1on's benefit and either paid to or expended on its behalf 3. The value of services or fac1l1t1es furnished by a governmental unit to the organization without charge 4. **Total** Add Imes 1 through 3 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organ1zat1on) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. **Public support** Subtract lme 5 from line 4 | (a)20"14 | **(bl** 2015 | (c)2016 | **(d)** 2017 | **(e)** 2018 | **(f)** Total |
| 307,902,601. | 342,539,011, | 444,270,077. | 417,494,538, | 415,137,440. | 1927343667. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 307,902,601. | 342,539,011. | 444,270,077. | 417,494,538, | 415,137,440. | 1927343667. |
|  |  |  |  |  | 35,557,274. |
|  |  |  |  |  | 1891786393. |

Section B. Total Support

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Calendar year (or fiscal year beginning in)►   1. Amounts from line 4 2. Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties, and income from s1m1lar sources 3. Net income from unrelated business act1vit1es, whether or not the business 1s regularly earned on 4. Other income Do not include gain   or loss from the sale of capital assets (Explain m Part VI )   1. **Total support.** Add Imes 7 through 10 | **(a)** 2014 | **(b)** 2015 | **(c)** 2016 | **(d)** 2017 | **(e)** 2018 | **(f)** Total |
| 307,902,601. | 342,539,011. | 444,270,077. | 417,494,538, | 415,137,440. | 1927343667. |
| 32,931,142. | 24,495,716. | 25,976,961. | 31,911,194. | 31,356,204, | 146,671,217. |
| 264,130, | -270,120. | -4,277,019. | -2,548,588, | -5,469,037. | -12,300,634. |
| 28,227,656 | 27,213,103, | 30,424,665, | 26,920,013. | 44,809,991. | 157,595,428, |
|  |  |  |  |  | 2219309678. |
| **12** Gross receipts from related act1v1t1es, etc (see 1nstruct1ons) | | | | | 12 I 6,738,295,650, | |

1. **First five years. If** the Form 990 1s for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

D



check this box

1. Public support percentage for 2018 (line 6, column (f) d1v1ded by line 11, column (f))
2. Public support percentage from 2017 Schedule A, Part 11, line 14

**14** 85.24 %

15 84,57 %

16a 33 1/3% support test - 2018 If the organization did not check the box on line 13, and line 14 1s 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 - 2017 If the organization did not check a box on line 13 or 16a, and line 15 1s 33 1 /3% or more, check this box and stop here. The organization qual1f1es as a publicly supported organization

17a 10% -tacts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 1s 10% or more, and 1f the organization meets the "facts-and circumstances" test, check this box and **stop here.** Explain 1n Part VI how the organ1zat1on meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10% -tacts-and-circumstances test** - **2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 1s 10% or

more, and 1f the organ1zat1on meets the "facts-and-circumstances" test, check this box and **stop here** Explain 1n Part VI how the

►

organization meets the "facts-and-circumstances" test The organ1zat1on qualifies as a publicly supported organization D

18 Private foundation. If the organization did not check a box on !me 13, 16a 1 16b 1 17a, or 17b, check this box and see 1nstruct1ons ►D

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

04-2774441



'ldren's Hospital Corporation

rgarnzat1ons

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(Complete only if you checked the box on line 10 of Part I or 1f the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed below, please complete Part II)

Section A. Public Support

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Calendar year (or fiscal year beginning in)►   1. Gifts, grants, contnbut1ons, and membership fees received (Do not include any "unusual grants ") 2. Gross receipts from adm1ss1ons, merchandise sold or services per- formed, or fac11it1es furnished 1n any act1v1ty that 1s related to the organization's tax-exempt purpose 3. Gross receipts frorn act1v1t1es that are not an unrelated trade or bus- iness under section 513 4. Tax revenues levied for the organ- 1zat1on's benefit and either paid to or expended on its behalf 5. The value of services or fac11it1es 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 d1squalif1ed persons  b Amounts included on lines 2 and 3 received  from other than d1squahf1ed 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 sunnort** t ubtr•cl line 7c from line"\ | **(a)** 2014 | **(b)** 2015 | **(c)** 2016 | **(d)** 2017 | **(e)** 2018 | **(f)** Total |
|  |  |  |  |  |  |
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Section B. Total Support

►

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | (a) 2014 | (b) 2015 | (cl 2016 | (ct) 2017 | (el 2018 | **(f)** Total |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

Calendar year (or fiscal year beginning in)

**9** Amounts from line 6

**10a** Gross income from interest, d1v1dends, payments received on secunt1es loans, rents, royalties, and income from s1m1lar sources

**b** Unrelated business taxable income

(less section 511 taxes) from businesses acquired *after* June 30, 1975

**c** Add lines 10a and 1Ob

1. Net income from unrelated business act1v1t1es not included in line 1Ob, whether or not the business 1s regularly earned on
2. Other income Do not include gain or loss from the sale of capital assets (Explain 1n Part VI )
3. Total support. (Add lines 9, 100, 11, and 12)
4. 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) orgarnzat1on, check this box and stop here

|  |  |
| --- | --- |
| Section C. Computation of Public Support Percentage |  |
| **15** Public support percentage *for* 2018 (line 8, column (f), d1v1ded by line 13, column (f)) | 15 % |
| **16** Public su ort ercenta e from 2017 Schedule A, Part Ill, line 15 | 16 % |
| Section D. Computation of Investment Income Percentage |  |
| **17** Investment income percentage for **2018** (line 10c, column (f), d1v1ded by line 13, column (f)) | 17 % |
| **18** Investment income percentage from **2017** Schedule A, Part Ill, line 17 | 18 % |

**19a 33 1/3% support tests** - **2018.** If the organization did not check the box on line 14, and line 15 1s more than 33 1/3%, and line 17 1s not more than 33 1/3%, check this box andstop here. The organization qual1f1es as a publicly supported organization

►

b 33 1/3% support tests - 2017 If the organization did not check a box on line 14 or line 19a, and line 16 1s more than 33 1/3%, and

line 18 1s not more than 33 1/3%, check this box andstop here The organization qual1f1es as a publicly supported organization D

20 Pnvate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see 1nstruct1ons ► D

832023 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

16

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(Complete only 1f you checked a box 1n line 12 on 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



Supporting Organizations

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 organ1zat1ons listed by name 1n the organization's governing documents? *If "No,"* descnbe *m* Part **VI** *how the supported organizations are designated If designated by* class *or purpose, describe the designation If historic and contmumg relatJonsh1p, exp/am* 2. D1d the organization have any supported organization that does not have an IRS deterrrnnat1on of status under section 509(a)(1) or (2)? *If* "Yes," *exp/am m* **Part VI** *how the organization determmed that the supported organization* was *descnbed m section 509(a)(1) or (2)*   **3a** Did the organ1zat1on have a supported organization described 1n section 501(c)(4), (5), or (6)7 *If "Yes," answer*  (b) and (c) below   * 1. Did the organization confirm that each supported organ1zat1on qualified under section 50i (c)(4), (5), or (6) and sat1sf1ed the public support tests under section 509(a)(2)? *If "Yes," descnbe m* **Part VI** *when and how the organization made the determination*   2. Did the organization ensure that all support to such organizations was used exclusively for section i 70(c)(2)(B) purposes? *If* "Yes," *exp/am m* **Part VI** *what controls the organization put m place to ensure such use*   **4a** Was any supported organization not organized 1n the United States ("foreign supported organization")? *If*  "Yes," and if you checked 12a or 12b m Part/, answer (b) and (c) below   1. Did the organ1zat1on have ultimate control and d1scret1on 1n dec1d1ng whether to make grants to the foreign supported organization? *If* "Yes," *describe m* **Part VI** *how the organization had such control and discretion despite bemg controlled or supervised by or m connection with its supported organizations* 2. Did the organization support any foreign supported organization that does not have an IRS determ1nat1on under sections 501(c)(3) and 509(a)(i) or (2)? *If* "Yes," *exp/am m* **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*   **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 m **Part VI,** mcludmg (I) the names and EIN numbers of the supported organizations added, substituted, or removed, (11) the reasons for each such action,  (111) the authonty under the organization's organizmg document authonzmg such action, and (IV) how the action  was accomplished (such as by amendment to the organizmg document)   1. **Type** I **or Type** II **only.** Was any added or substituted supported organization part of a class already designated 1n the organization's organizing document? 2. **SubstItutIons only** Was the substitution the result of an event beyond the organ1zat1on's control? 3. Did the organization provide support (whether 1n the form of grants or the prov1s1on of services or fac11it1es) to anyone other than (1) its supported organizations, (11) 1nd1v1duals that are part of the charitable class benefited by one or more of its supported orgarnzat1ons, or (111) other supporting organizations that also support or benefit one or more of the f1/1ng organization's supported organizations? *If "Yes," provide detail m* **Part VI.** 4. Did the organization provide a grant, loan, compensation, or other s1m1lar payment to a substantial contributor (as defined 1n section 4958(c)(3)(C)), a family member of a substantial contnbutor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)* 5. Did the organization make a loan to a d1squal1f1ed person (as defined 1n section 4958) not described 1n line 7?   If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more d1squalif1ed persons as defined 1n section 4946 (other than foundation managers and organ1zat1ons descnbed 1n section 509(a)(1) or (2))? *If* "Yes," *provide detail m* **Part VI.**   * 1. Did one or more d1squalif1ed persons (as defined 1n line 9a) hold a controlling interest 1n any entity in which the supporting organ1zat1on had an interest? *If "Yes," provide detail m* **Part VI.**   2. Did a d1squalif1ed person (as defined 1n line 9a) have an ownership interest 1n, or denve any personal benefit from, assets in which the supporting organ1zat1on also had an interest? *If* "Yes," *provide detail m* **Part VI.**   **10a** Was the organization subJect to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organ1zat1ons, and all Type Ill non-functionally integrated supporting organ1zat1ons)? *If "Yes," answer 10b below*  **b** Did the organization have any excess business holdings 1n the tax year? *(Use Schedule* C, *Form 4720, to*  determine whether the organization had excess busmess holdmgs) | 1 |  |  |
| 2 |  |  |
| 3a |  |  |
| 3b |  |  |
| 3c |  |  |
| 4a |  |  |
| 4b |  |  |
| 4c |  |  |
| 5a |  |  |
| 5b |  |  |
| 5c |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9a |  |  |
| 9b |  |  |
| 9c |  |  |
| 10a |  |  |
| 10b |  |  |

 Supporting Organizations

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 11 Has the organization accepted a gift or contnbut1on from any of the following persons?   1. A person who directly or 1nd1rectly controls, either alone or together with persons described 1n (b) and (c) below, the governing body of a supported organization? 2. A family member of a person described 1n (a) above? 3. A 35% controlled ent1t of a erson described 1n a or b above? *If* "Yes" *to a, b, or* c, *provide detail m* Part VI. | 11a |  |  |
| 11b |  |  |
| 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 maJonty of the organization's directors or trustees at all times dunng the tax year? *If "No," descnbe m* **Part VI** *how the supported orgamzat1on(s) effect,ve/y operated, supervised, or controlled the orgamzat1on's act/v1t/es If the orgamzat,on had more than one supported orgamzat1on,*   descnbe how the powers to appomt and/or remove d,rectors or trustees were allocated among the supported orgamzat1ons and what conditions or restnct1ons, If any, applied to such powers dunng the tax year   1. Did the organization operate for the benefit of any supported organization other than the supported organizat1on(s) that operated, supervised, *or* controlled the supporting organization? *If* "Yes," *exp/am m* **Part VI** *how prov1dmg such benefit earned out the purposes of the supported orgamzat/on(s) that operated,*   supervised, or controlled the supporting orgamzat1on | 1 |  |  |
| 2 |  |  |

Section C. Type II Supporting Orgarnzat1ons

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1 Were a maionty of the organ1zat1on's directors or trustees during the tax year also a maJonty of the directors *or* trustees of each of the organization's supported organ1zat1on(s)? *ff "No,* " *descnbe m* **Part VI** *how control or management of the supporting orgamzat1on* was *vested m the same persons that controlled or managed*  the supported orgamzat10n(s) | 1 |  |  |

Section D. All Type Ill Supporting Organizations

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1. Did the organ1zat1on provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a wntten notice descnb1ng the type and amount of support provided during the pnor tax year, (11) a copy of the Form 990 that was most recently filed as of the date of not1f1cation, and (111) copies of the organization's governing documents 1n effect on the date of not1f1cat1on, to the extent not previously provided? 2. Were *any* of the organization's officers, directors, or trustees either **(1)** appointed or elected by the supported organ1zation(s) or (11) serving on the governing body of a supported organization? *ff "No," exp/am m* **Part VI** *how the orgamzat1on mamtamed* a *close and continuous working relat1onsh1p with the supported orgamzat1on(s)* 3. By *reason* of the *re/at1onsh1p* described *m* (2), did the organizatJon's supported organizations have a s1gn1f1cant voice 1n the organization's investment pol1c1es and 1n d1rect1ng the use of the organization's income or assets at all times during the tax year? *If "Yes," descnbe m* **Part VI** *the role the orgamzat1on 's*   supported orgamzat10ns played m this regard | 1 |  |  |
| 2 |  |  |
| 3 |  |  |

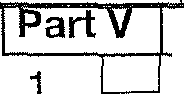
Section E. Type Ill Functionally Integrated Supporting Orgamzat1ons

Check the box next to the method that the orgamzat1on used to satisfy the Integral Part Test dunng the yeatsee instructions).

1. D The organization sat1sf1ed the Activ1t1es Test *Complete* **line 2** *below*
2. D The organization 1s the parent of each of its supported organizations *Complete* **lme 3** *below*
3. D The organization supported a governmental entity Descnbe m **Part VI** how you supported a government entity (see instructions)

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1. Did substantially all of the organization's act1v1t1es dunng the tax year directly further the exempt purposes of the supported organ1zat1on(s) to which the organ1zat1on was responsive? *If "Yes," then m* **Part VI 1dent1fy those supported organrzatrons and explain** *how these act1V1tles directly furthered the,r exempt purposes, how the orgamzat1on was responsive to those supported orgamzat1ons, and how the organ1zat1on determined that these act,v1t1es constituted substantially all of* ,ts *act1v1t1es* 2. Did the act1v1t1es described *m* (a) constitute act1v1t1es that, but for the organization's involvement, one or more   of the organization's supported organizat1on(s) would have been engaged 1n? If "Yes," exp/am m **Part VI** the reasons for the organ,zat,on's position that 1ts supported organ,zat1on(s) would have engaged m these act,v1t1es but for the orgamzat,on 's mvo!vement  **3** Parent of Supported Organizations **Answer (a) and (b) below.**   1. Did the organization have the power to regularly appoint or elect a maJonty of the officers, directors, *or*   trustees of each of the supported organizations? *Provide details m* **Part VI**   1. Did the organization exercise a substantial degree of d1rect1on over the policies, programs, and act1v1t1es of each of its supported oraan1zations? *If "Yes," descnbe m* **Part VI** *the role played by the organ,zat1on m this reqard* | 2a |  |  |
| 2b |  |  |
| 3a |  |  |
| 3b |  |  |

2 Act1v1t1es Test Answer (a) and (b) below

Schedule A Form 990 or 990 2018 Children's Hospital Corporation 04-2774441 Pa e6

Type Ill Non-Funct,onally Integrated 509(a)(3) Supporting Organizations

Check here 1f the organ1zat1on sat1sf1ed the Integral Part Test as a qual1fy1ng trust on Nov 20, 1970 (explain 1n Part VI) See rnstruct1ons All other Type Ill non-functionally integrated suooort1ng organizations must complete Sections A through E

|  |  |  |  |
| --- | --- | --- | --- |
| Section A - AdJusted Net Income | | (A) Pnor Year | (8) Current Year (optional) |
| **1** Net short-term capital gain | 1 |  |  |
| **2** Recoveries of pnor-year d1stnbut1ons | 2 |  |  |
| **3** Other gross income (see 1nstruct1ons) | 3 |  |  |
| **4** Add lines 1 through 3 | 4 |  |  |
| **5** Deprec1at1on 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 1nstruct1ons) | 6 |  |  |
| **7** other expenses (see 1nstruct1ons) | 7 |  |  |
| **8 AdJusted Net Income** (subtract lines 5, 6, and 7 from line 4) | 8 |  |  |
| Section B - Mrn1mum Asset Amount | | (A) PnorYear | (B) Current Year (optional) |
| **1** Aggregate fair market value of all non-exempt-use assets (see 1nstruct1ons for short tax year or assets held for part of year) |  | |  |
| **a** Average monthly value of secunt1es | 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 1n detail 1n **Part VI)** |  | |  |
| **2** Acqu1s1t1on indebtedness aool1cable to non-exempt-use assets | 2 |  |  |
| **3** Subtract hne 2 from hne 1 d | 3 |  |  |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 1nstruct1ons) | 4 |  |  |
| **5** Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 |  |  |
| **6** Mult1olv line 5 bv 035 | 6 |  |  |
| **7** Recovenes of prior-year d1stnbut1ons | 7 |  |  |
| 8 Mm1mum 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 lme 1 | 2 |  |  |
| **3** M1n1mum asset amount for prior year (from Section B, line 8, Column A) | 3 |  |  |
| **4** Enter qreater of line 2 or hne 3 | 4 |  |  |
| **5** Income tax imposed 1n pnor vear | 5 |  |  |
| **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emerqency temoorarv reduction (see 1nstruct1ons) | 6 |  |  |

**7** LJ Check here 1f the current year 1s the org an1zat1on's first as a non-funct1onally 1ntegrated Typ e Ill supporting organ1zat1on see

1nstruct1ons

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ\ 2018 Children s Hospital Corporation 04-2774441 Paqe7

I Part V I Type Ill Non-Functionally Integrated 509(a)(3) Supporting Organizations *frn ntin 11,,r11*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section D - D1stnbutIons | | | | | Current Year |
| 1 |  | Amounts paid to supported orqan1zat1ons to accomplish exempt purposes | | |  |
| 2 |  | Amounts paid to perform act1v1ty that directly furthers exempt purposes of supported omanizat1ons, 1n excess of income from act1v1ty | | |  |
| 3 |  | Adm1n1strat1ve expenses paid to accomplish exempt purposes of suonorted omanizat1ons | | |  |
| 4 |  | Amounts paid to acauire exempt-use assets | | |  |
| 5 |  | Qualified set-aside amounts (pnor IRS approval reauired} | | |  |
| 6 |  | Other distributions (describe 1n **Part VI)** See 1nstruct1ons | | |  |
| 7 |  | Total annual d1stnbutIons. Add lines 1 through 6 | | |  |
| 8 |  | D1stnbutlons to attentive supported organ1zat1ons to which the organization 1s responsive  (provide details 1n **Part VI)** See instructions | | |  |
| 9 |  | D1stnbutable amount for 2018 from Section C, line 6 | | |  |
| 10 |  | Line 8 amount d1v1ded bv line 9 amount | | |  |
| Section E - Distribution Allocat1ons (see 1nstruct1ons) | | | (1)  Excess D1stnbut1ons | (11)  Underd1stnbut1ons Pre-2018 | (111)  DIstnbutable Amount for 2018 |
| 1 |  | D1stnbutable amount for 2018 from Section C, line 6 |  |  |  |
| 2 |  | Underd1stnbut1ons, if any, for years pnor to 2018 (reason-  able cause reau1red- explain 1n **Part VI)** See instructions |  |  |  |
| 3 |  | Excess d1stnbut1ons carrvover, if anv, to 2018 |  |  |  |
|  | a | From 2013 |  |  |  |
| b | | From 2014 |  |  |  |
| c | | From 2015 |  |  |  |
|  | d | From 2016 |  |  |  |
|  | e | From 2017 |  |  |  |
|  | f | **Total** of lines 3a throu!'.lh e |  |  |  |
|  | g | Applied to underd1stnbutions of pnor years |  |  |  |
|  | h | Applied to 2018 d1stnbutable amount |  |  |  |
|  | I | *Carryover* from 2013 not applied (see instructions) |  |  |  |
|  | I | Remainder Subtract lines 3q, 3h, and 31 from 3f |  |  |  |
| **4** D1stnbut1ons for 2018 from Section D,  line 7 $ | | |  |  |  |
|  | a | Applied to underd1stnbut1ons of pnor years |  |  |  |
| **b** Applied to 2018 d1stnbutable amount | | |  |  |  |
|  | C | Remainder Subtract lines 4a and 4b from 4 |  |  |  |
| 5 |  | Remaining underd1stnbut1ons for years pnor to 2018, 1f  any Subtract lines 3g and 4a from line 2 For result greater than zero, explain tn **Part VI** See 1nstruct1ons |  |  |  |
| 6 |  | Remaining underdistnbut1ons for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain 1n  **Part VI** See 1nstruct1ons |  |  |  |
| 7 |  | Excess d1stnbut1ons carryover to 2019. Add lines 3J  and 4c |  |  |  |
| 8 |  | Breakdown of line 7 |  |  |  |
|  | a | Excess from 2014 |  |  |  |
| b | | Excess from 2015 |  |  |  |
| C | | Excess from 2016 |  |  |  |
|  | d | Excess from 2017 |  |  |  |
| e | | Excess from 2018 |  |  |  |

Schedule A (Form 990 *or* 990-EZ) 2018

ScheduleA Form990or990- 2018 Children's Hospital Corporation 04-2774441 Pa e8

 **Supplemental Information.** Provide the explanations required by Part II, line 1o, Part II, line 17a or 17b, Part Ill, 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 8, 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 8, 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 add1t1onal 1nformat1on

See 1nstruct1ons

Schedule A, Part II, Line 10, Explanation for Other Income: Other General Services

Parking Revenue Cafeteria Revenue

|  |  |  |  |
| --- | --- | --- | --- |
| Schedule B  (Form 990, 990-EZ, or 990-PF)  Department of the Treasury  Internal Revenue Service | * Schedule of Contributors * Attach to Form 990, Form 990-EZ, or Form 990-PF.   Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information. | | 0MB No 1545 0047  2018 |
| Name of the organtzatton  Children's Hospital Corporation | | Employer 1dent1f1cat1on number  04-2774441 | |

Organization type(check one)

Filers of. Section.

Form 990 or 990-EZ

Form 990-PF

LJU 501 (c)( 3 ) (enter number) organ1zat1on

D 4947(a)(1) nonexempt chantable trust **not** treated as a pnvate foundation

D 527 pol1t1cal organ1zat1on

D 501 (c)(3) exempt private foundation

D 4947(a)(1) nonexempt charitable trust treated as a private foundation

D 501(c)(3) taxable private foundation

Check 1f your organization 1s covered by the **General Rule** or a **Special Rule.**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See 1nstruct1ons

General Rule

D For an organization ftltng Form 990, 990 EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (1n money or property) from any one contributor Complete Parts I and II See 1nstruct1ons for determining a contributor's total contributions

Special Rules

LJU For an organ1zat1on described 1n section 501(c)(3) ftltng Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vt), that checked Schedule A (Form 990 or 990-EZ), Part II, ltne 13, 16a, or 16b, and that received from

any one contributor, during the year, total contributions of the greater of **(1)** $5,000, or **(2)** 2% of the amount on (1) Form 990, Part VIII, ltne 1h, or (11) Form 990-EZ, line 1 Complete Parts I and II

D For an organization described 1n section 501(c)(7), (8), or (i 0) f1l1ng Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than $i ,000 *exc/ustvely* for reltg1ous, charitable, sc1entif1c, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering *"NIA"* 1n column (b) instead of the contributor name and address),

II, and Ill

D For an organization described 1n section 501(c)(7), (8), or (i 0) ftltng Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exc/uswely* for reltg1ous, charitable, etc , purposes, but no such contributions totaled more than $1,000 If thts box

1s checked, enter here the total contributions that were received during the year for an *excluswely* reltgtous, charitable, etc , purpose Don't complete any of the parts unless the General Rule applies to this organ1zat1on because 1t received *nonexclus1vely*

►

rehgtous, charitable, etc, contributions totaling $5,000 or more during the year $ \_

Caution. An organ1zat1on that isn't covered by the General Rule and/or the Special Rules doesn't ftle Schedule B (Form 990, 990-EZ, or 990-PF), but 1t must answer "No" on Part IV, ltne 2, of its Form 990, or check the box on ltne Hof its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that 1t doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823451 11-08-18

Schedule B (Form 990, 990 EZ, *or* 990 PF) (2018)

Name of organization

Page2

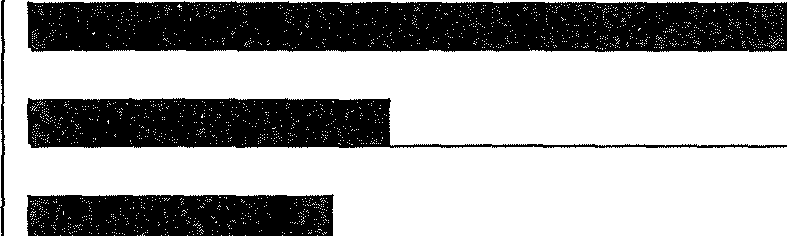
Employer 1dent1f1cat1on number

Children's Hospital Corporation

04-2774441

**Part I Contributors** (see 1nstruct1ons) Use duplicate copies of Part I 1f add1t1onal space 1s needed

1. (b) (c)



No. Name, address, and ZIP + 4 Total contnbut1ons

1

$ 14,479,981,

(d)

Type of contnbut1on

Person w

Payroll D

Noncash D

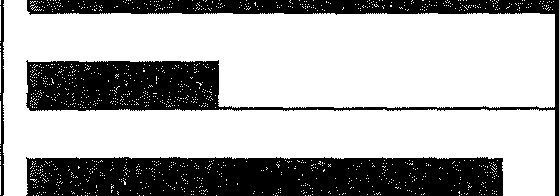
(Complete Part II for noncash contributions )

(a) (b) (c) (d)

No. Name, address, and ZIP + 4 Total contnbut1ons Type of contnbut1on



2 Person w



$

15,000,000,

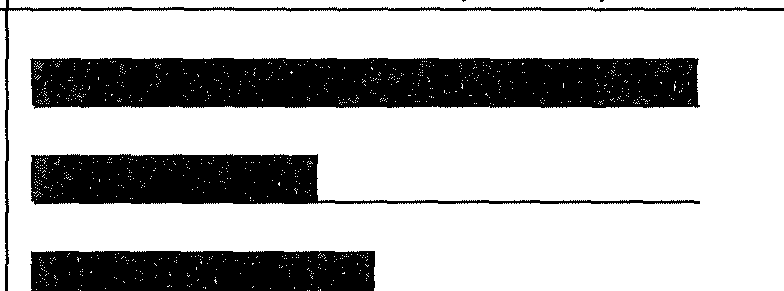
Payroll D

Noncash D

(Complete Part II for noncash contributions )

(a) (b) (c) (d)

No Total contributions Type of contnbut1on



3

$

Person w

Payroll D

14,698,132, **Noncash** D

(Complete Part II for noncash contnbut1ons)

(a) (b) (c) (d)

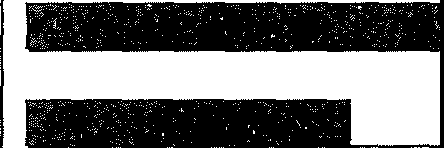
-

No. Name, address, and ZIP + 4 Total contributions Type of contribution

4 Person w

Payroll D

$ 15,090,973, **Noncash** D



(Complete Part II for noncash contributions)

(a)

No.

Name, address, and ZIP + 4

Total contnbutmns

$

Type of contribution

Person D

Payroll D

Noncash D

(Complete Part II for noncash contnbut1ons)

(a)

No

(b)

Name, address, and ZIP + 4

(c)

Total contributions

$

(d)

Type of contribution

Person D

Payroll D

Noncash D

(Complete Part II for noncash contributions)

823452 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF} (2018}

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2018.05020 Children's Hospital Corpora CH 1



Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Page3

Employer 1dentlf1cat1on number

Children's Hospital Corporation

04-2774441

**Part II Noncash Property** (see 1nstruct1ons) Use duplicate copies of Part II 1f add1t1onal space 1s needed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (a) **No** from  Part I | (b)  Description of noncash property given | (c)  **FMV** (or estimate) (See instructions ) | | (d)  Date received |
| --- |  | $ |  |  |
|  |
|  |
|  |
|  |  |  |
| (a) **No.** from  Part I | (b)  Description of noncash property given | (c)  FMV (or estimate) (See instructions) | | (d)  Date received |
| --- |  | $ |  |  |
|  |
|  |
|  |
|  |  |  |
| (a) **No** from  Part I | (b)  Description of noncash property given | (c)  FMV (or estimate) (See 1nstruct1ons ) | | (d)  Date received |
| --- |  | $ |  |  |
|  |
|  |
|  |
|  |  |  |
| (a) **No.** from  Part I | (b)  Description of noncash property given | (c)  **FMV** (or estimate) (See instructions) | | (d)  Date received |
| --- |  | $ |  |  |
|  |
|  |
|  |
|  |  |  |
| (a) **No.** from  Part I | (b)  Descnpt1on of noncash property given | (c)  **FMV** (or estimate) (See instructions) | | (d)  Date received |
| --- |  | $ |  |  |
|  |
|  |
|  |
|  |  |  |
| (a) **No** from  Part I | (b)  Description of noncash property given | (c)  **FMV** (or estimate) (See instructions) | | (d)  Date received |
| --- |  | $ | |  |
|  |
|  |
|  |

823453 11-08-18

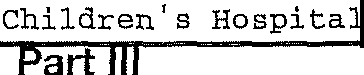
Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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14360715 353314 CH 2018.05020 Children's Hospital Corpora CH l

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page4

Name of organization Employer identif1cat1on number

Corporation

04-2774441

Exclusively relIgIous, charitable, *etc,* contnbu!1ons *to* organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year

from any one contributor. Complete columns (a) through (e) and the following hne entry For organizations ►

completing Part Ill, enter the total of exclusively rehg1ous, chantable, etc, contnbut1ons of $1,000 or less for the year (Enterth1s Info once J $ \_

Use duplicate copies of Part Ill 1f add1t1onal space 1s needed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) No.  from Part I | (b) Purpose of 91ft | (c) Use of 91ft | | | | (d) Descnpt1on of how gift is held |
| --- |  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
| Transferee's name, address, and **ZIP** + 4 | | (e) Transfer of grft | | Relatronsh1p of transferor to transferee | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| (a) No.  from Part I | (b) Purpose of grft | (c) Use of gift | | | | (d) Descnpt1on of how 91ft 1s held |
| --- |  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
| Transferee's name, address, and **ZIP** + 4 | | (e) Transfer of gift | | Relationship of transferor to transferee | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| (a) No.  from Part I | (b) Purpose of 91ft | (c) Use of gift | | | | (d) Description of how gift 1s held |
| --- |  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
| Transferee's name, address, and **ZIP+ 4** | | (e) Transfer of gift | | Relat1onsh1p of transferor to transferee | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| (a) **No**  from Part I | (b) Purpose of gift | (c) Use of 91ft | | | | (d) Description of how gift 1s held |
| --- |  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
| Transferee's name, address, and **ZIP** + **4** | | (e) Transfer of gift | | Relat1onsh1p of transferor to transferee | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |

B23454 11-08-1B Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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2018.05020 Children's Hospital Corpora CH 1



|  |  |  |
| --- | --- | --- |
| SCHEDULE C  (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service | Political Campaign and Lobbying Activities   * For Organ1zat1ons Exempt From Income Tax Un►der section 501(c) and section 527 Complete 1f the organization 1s described below. Attach to Form 990 or Form 990-EZ.   + Go t o [www.1rs.gov/Form990](http://www.1rs.gov/Form990) for mstruct1ons and the latest mformatton. | 0MB No 1545-0047 |
| 2018  Open to Public Inspection |

If the organIzatIon answered "Yes," on Form 990, Part IV, lme 3, or Form 990-EZ, Part V, lme 46 (Poht1cal Campaign Act1v1t1es), then

* Section 501(c)(3) organizations Complete Parts I-A and 8 Do not complete Part 1-C
* Section 501(c) (other than section 501(c)(3)) orgarnzattons Complete Parts **I-A** and C below Do not complete Part 1-8

0 Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part **IV,** lme 4, or Form 990-EZ, Part VI,lme 47 (Lobbying Act1v1t1es), then

* Section 501(c)(3) orgarnzat1ons that have ftled Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part 11-8
* Section 501(c)(3) orgarnzat1ons that have NOT filed Form 5768 (election under section 501(h)) Complete Part 11-8 Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part **IV,** lme 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part **V,** lme 35c (Proxy

Tax) (see separate mstruct1ons), then

 • Section 501 c 4 or 6 or arnzat1ons Corn lete Part Ill

Name of organization

Children's Hospital Corporation

Employer Ident1f1cat1on number

04-2774441

Part I-A Complete 1f the organization 1s exempt under section 501(c or is a section 527 organization.

Provide a description of the orgarnzat1on's direct and 1nd1rect poltt1ca\ campaign act1v1t1es 1n Part IV

1. Poltt1cal campaign act1v1ty expenditures
2. Volunteer hours for po\1t1cal campaign act1v1t1es

I Part 1-8 I Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955

1. Enter the amount of any excise tax incurred by organization managers under section 4955
2. If the orgarnzat1on incurred a section 4955 tax, did 1t file Form 4720 for this year?

**4a** Was a correction made?

I b If "Yes," descnbe 1n Part IV

Part 1-C I Complete if the organization is exempt under section 501(c), except section 501(c)(3).

* $ ----------
* $----------

$►

- -□ □

- - Y-es N-o-

D Yes DNo

Enter the amount directly expended by the filing orgarnzat1on for section 527 exempt function act1v1t1es

1. Enter the amount of the filing organization's funds contributed to other organ1zat1ons for section 527 exempt function act1v1t1es
2. Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line i7b
3. Did the filing organ1zat1on file **Form 1120-POL** for this year?
   * $----------
   * $ ----------

$►

- - □- - Y-es-- -□- N-o-

1. Enter the names, addresses and employer 1dent1f1cat1on number (EIN) of all section 527 polttical orgarnzat1ons to which the f1\1ng orgarnzat1on made payments For each organrzatron listed, enter the amount paid from the filing organization's funds Also enter the amount of pollt1cal contributions received that were promptly and directly delivered to a separate poltt1cal organ1zat1on, such as a separate segregated fund or a pol1t1cal action committee (PAC) If add1t1ona\ space 1s needed, provide 1nformat1on 1n Part IV

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (a) Name | (b)Address | (c) EIN | (d) Amount paid from f1\tng organ1zat1on's  funds If none, enter -0- | (e) Amount of pol1t1cal contributions received and  promptly and directly delivered to a separate pol1t1cal organization  If none, enter 0- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

LHA

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Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990 EZ) 20i 8 Children's Hospital Corporation 04-2774441 Page **2**

I

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

►

1. Check LJ If the fI\Ing organIzatIon belongs to an aff1\1ated group (and list In Part IV each affiliated group member's name, address, EIN,
2. Check ► LJ

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| L1m1ts on Lobbying Expenditures  (The term "expenditures" means amounts pard or incurred.) | | | **(a)** Filing organization's  totals | **(b)** Aff1hated group totals |
| **1a** Total lobbying expenditures to influence publrc opinion (grass roots lobbying)  **b** Total lobbying expenditures to influence a \egIs\atIve body (direct lobbying) c Total lobbying expenditures (add lines i a and i b)   1. Other exempt purpose expenditures 2. Total exempt purpose expenditures (add Imes 1c and id) 3. LobbvInq nontaxable amount Enter the amount from the following table In both columns | | |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | If the amount on line 1e, column (a) or {b) is. | The lobbying nontaxable amount rs. |  |  |
| Not over $500,000 | 20% of the amount on line i e |
| 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 i 0% 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 |
|  | | |
| g Grassroots nontaxable amount (enter 25% of hne 1 f) **h** Subtract line i g from line i a If zero or less, enter -0- r Subtract line if from line i c If zero or less, enter -0- | | |  |  |
|  |  |
|  |  |

expenses, and share of excess lobbying expenditures)

1f t he f1l 1nq orqanizatIon checkedb ox A and "I1m1ted contraI" provIsIons appJy

If there Is an amount other than zero on either line i h or line i 1, did the organization file Form 4720

□

reporting section 49i i tax for this year? Dves No

4-Year Averaging Penod Under Sectron 501(h)

(Some organizations that made a section 501(h) electron do not have to complete all of the five columns below.

See the separate instructions for Imes 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Calendar year  (or fiscal year begmnIng m) | (a) 20i5 | (b) 20i 6 | (c) 20i7 | (d) 20i 8 | (e) Total |
| **2a** Lobby1nq nontaxable amount |  |  |  |  |  |
| **b** Lobbying ceiling amount  (i 50% of line 2a, column(e)) |  |  |  |  |  |
| **c** Total lobbv1na expenditures |  |  |  |  |  |
| **d** Grassroots nontaxable amount |  |  |  |  |  |
| **e** Grassroots ceI\Ing amount (150% of line 2d, column (e)) |  |  |  |  |  |
| f Grassroots lobby1nq expenditures |  |  |  |  |  |

Schedule C (Form 990 or 990-EZ) 2018

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I

Part 11-B I Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

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IPart Ill-A I Complete if the organization is exempt under section 501(c){4), section 501(c)(5), or section 501(c)(6).

|  |  |  |  |
| --- | --- | --- | --- |
| For each "Yes," response on Imes 1a through 11 below, provide ,n Part **IV** a detailed descnptIon of the lobbymg act,vIty | (a) | | (bl |
| Yes | No | Amount |
| **1** During the year, did the filing organization attempt to influence foreign, national, state, or local leg1slat1on, 1nclud1ng any attempt to influence public opinion on a leg1slat1ve matter or referendum, through the use of   1. Volunteers? 2. Paid staff or management (include compensation m expenses reported on lines 1c through 11)? 3. Media advertisements? 4. Mailings to members, legislators, or the public? 5. Publications, or published or broadcast statements? 6. Grants to other organizations for lobbying purposes? 7. Direct contact with legislators, their staffs, government offlc1als, or a legislative body? 8. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any s1m1lar means?    1. Other act1v1t1es?    2. Total Add lines 1c through 11   **2a** Did the act1v1t1es 1n line 1 cause the organization to be not described 1n section 501(c)(3)?   1. If "Yes," enter the amount of any tax incurred under section 4912 2. If "Yes,11 enter the amount of any tax incurred by organization managers under section 4912 d If the f1l1na oraanizat1on incurred a section 4912 tax, did 1t file Form 4720 for this year? | X |  |  |
| X |  |
|  | X |  |
| X |  | 158,793, |
|  | X |  |
| X |  | 120,000, |
| X |  | 532,451, |
|  | X |  |
|  | X |  |
|  |  | 811,244. |
|  | X |  |
|  |  |  |
|  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1. Were substantially all (90% or more) dues received nondeductible by members? 2. Did the organization make only in-house lobbying expenditures of $2,000 or less? 3. Did the orqan1zat1on aqree to carrv over lobby1na and political campa1an activity exoend1tures from the onor vear? | 1 |  |  |
| 2 |  |  |
| 3 |  |  |

IPart 111-B I Complete if the organization is exempt under section 501(c){4), section 501(c)(5), or section

501(c)(6) and 1f either (a) BOTH Part Ill-A, Imes 1 and 2, are answered "No," OR (b) Part Ill-A, lme 3, is answered "Yes.11

|  |  |
| --- | --- |
| 1. Dues, assessments and s1m1lar amounts from members 2. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poht1cal expenses for which the section 527(f) tax was paid).    1. Current year    2. Carryover from last year    3. Total 3. Aggregate amount reported 1n section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? 5. Taxable amount of lobbying and political expenditures (see 1nstruct1ons) | 1 |
| 2a |
| 2b |
| 2c |
| 3 |
| 4 |
| 5 |

JPart IV I Supplemental Information Provide the descnpt1ons required for Part I-A, line 1, Part 1-8, line 4, Part 1-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part 11-8, line i Also, complete this part for any additional information

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

ISchedule C (Form 990 or 990-EZ) 2018 Children's Hospital Corporation 04-2774441

Part IV I Supplemental Information *(continued)*

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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 2019, 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 as a lobbyist, although her involvement in these efforts was minimal, Three 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 2019 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

$196,875

Part IV I Supplemental Information *(contmued)*

Amy DeLong Registered Lobbyist

Children's Hospital personnel

$56,946

Sandra Fenwick Registered Lobbyist

Children's Hospital personnel

$8,377

Kathryn Audette

Children's Hospital personnel

$66,043

Katherine Ginnis

Children's Hospital personnel

$21,203

Jamie Gaynes

Children's Hospital personnel

$75,338

Joe Grant Consultant Grant Associates

130 Bowdoin Street - Suite 1706, Boston, MA 02108

$40,000

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Part IV I Supplemental Information *(continued)*

Nick Manetta Consultant Faegre BD

1050 K Street NW, Suite 400, Washington, DC 20001

$67,669

Total Lobbyist/Consultant Expenses $532,451

Expenses Incurred by the Office of Government Relations for Lobbying Activities= $158,793

Grant to National Association of Children's Hospitals for graduate medical education related lobbying - $120,000

TOTAL LOBBYING EXPENSES $811,244

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 C (Form 990 or 990-EZ) 2018

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|  |  |  |
| --- | --- | --- |
| SCHEDULED  (Form 990)  Department of the Treasury Internal Revenue Service | ►Supplemental Financial Statements  Complete 1f the organization answered "Yes" on Form 990,  ► Part **IV,** lme 6, 7, 8, 9,►10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  Attach to Form 990,  Go to **www** 1rs ov/Form990 for instructions and the latest information. | 0MB No 1545-0047  2018  Open to Public  Inspection |

Name of the organization Employer 1dent1f1cat1on number

Children's Hospital Corporation 04-2774441

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or** Accounts.complete 1fthe organization answered "Yes" on Form 990, Part IV, line 6

1. Total number at end of year

|  |  |  |
| --- | --- | --- |
|  | **(a)** Donor advised funds | **(bl** Funds and other accounts |
|  |  |
|  |  |
|  |  |
|  |  |

1. Aggregate value of contnbut1ons to (during year)
2. Aggregate value of grants from (dunng year)
3. Aggregate value at end of year
4. Did the organization inform all donors and donor advisors In wnt1ng that the assets held 1n donor advised funds are the organization's property, subJect to the organization's exclusive legal control?
5. Did the organization inform all grantees, donors, and donor advisors 1n wnt1ng that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring

1m erm1ss1ble nvate benefit?

Part II **Conservation Easements.** Complete 1fthe organization answered "Yes" on Form 990, Part IV, line 7

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

DYes □**No**

D Yes D No

D Preservation of land for public use (e g , recreation or education) D Preservation of a h1stoncally important land area

D Protection of natural habitat D Preservation of a cert1f1ed historic structure

D Preservation of open space

1. Complete lines 2a through 2d 1f the organ1zat1on held a qualified conservation contnbut1on 1n the form of a conservation easement on the last day of the tax year

|  |  |
| --- | --- |
|  | Held at the End of the Tax Year |
| 2a |  |
| 2b |  |
| 2c |  |
| 2d |  |

* 1. Total number of conservation easements
  2. Total acreage restricted by conservation easements
  3. Number of conservation easements on a cert1f1ed h1stonc structure included 1n (a)
  4. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed 1n the National Register
* \_

1. Number of conservation easements mod1f1ed, transferred, released, ext1ngu1shed, or terminated by the organization dunng the tax year



1. Number of states where property subJect to conservation easement is located
2. Does the organization have a written policy regarding the periodic monitoring, 1nspect1on, handling of

v1olat1ons, and enforcement of the conservation easements 1t holds?

DYes

□No

1. Staff and volunteer hours devoted to monitoring, inspecting, handling of v1olat1ons, and enforcing conservation easements dunng the year

►

1. Amount of expenses incurred 1n monitoring, 1nspect1ng, handling of violations, and enforcing conservation easements dunng the year

►

$

1. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(8)(1)

and section 170(h)(4)(B)(11)?

Dves

* No

1. In Part **XIII,** describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and

include, 1f appl1cable, the text of the footnote to the organization's f1nanc1al statements that describes the organization's accounting for conservation easements

I

I

Part Ill Organizations Mamtainmg Collections of Art, Historical Treasures, or Other Similar Assets.

Complete 1f the organ1zat1on answered "Yes" on Form 990, Part IV, line 8

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report 1n its revenue statement and balance sheet works of art, historical treasures, or other s1m1lar assets held for public exh1b1t1on, education, or research 1n furtherance of public service, provide, 1n 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 s1m1lar assets held for public exh1b1t1on, education, or research 1n furtherance of public service, provide the following amounts

relating to these items

* 1. Revenue included on Form 990, Part VIII, line 1

(11) Assets included in Form 990, Part X

* $
* $ \_

1. Ithorganization received or held works of art, historical treasures, or other similar assets for f1nanc1al gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

* 1. Revenue included on Form 990, Part VIII, line 1
  2. Assets included in Form 990, Part **X**

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* + $
  + $

Schedule D (Form 990) 2018

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Schedule D Form 990 2018 Children's Hospital Corporation 04-2774441 Pa e 2 Part Ill Organizations Maintaining Collect1ons of Art, Historical Treasures, or Other Similar *Asset5;contmued)*

1. Using the organization's acquIsIt1on, accession, and other records, check any of the following that are a s1gnIf1cant use of its collection items (check all that apply)
2. D Public exh1b1t1on
3. D Scholarly research
4. D Preservation for future generations
5. D Loan or exchange programs

*e* D Other------------------------

1. Provide a description of the organization's collections and explain how they further the organization's exempt purpose In Part XI11
2. During the year, did the organization sol1c1t or receive donations of art, hIstoncal treasures, or other s1m1lar assets

to be sold to raise funds rather than to be maintained as art of the or anizat1on's collection? D **Yes** D **No**

**Part IV Escrow and Custodial Arrangements.** Complete 1fthe organization answered "Yes" on Form 990,Part IV, line 9, *or*

reported an amount on Form 990,Part X, line 21

**1a** Is the organIzat1on an agent, trustee, custodian or other Intermed1ary for contnbutIons or other assets not included

on Form 990, Part X?

1. If "Yes," explain the arrangement In Part **XIII** and complete the following table

Dves □**No**

1. Beginning balance

|  |  |
| --- | --- |
|  | Amount |
| 1c |  |
| 1d |  |
| 1e |  |
| 1f |  |

1. Add1tIons dunng the year
2. DIstnbut1ons during the year f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account l1ab1l1ty ?

1. If "Yes, exoIa1n th e arranaement 1n Part XIII Checkh ere 1fth e exoIanatI0n has been provIded on Part XIII

I **Part V** I **Endowment Funds.** Complete If the organIzatIon answered "Yes" on Form 990, Part IV, line 1o

LJves LJNo

D

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1a** Beginning of year balance  **b** Contnbut1ons  **C** Net investment earnings, gains, and losses   1. Grants or scholarships 2. Other expenditures for fac1llt1es and programs 3. Administrative expenses 4. End of year balance | (a) Current year | (b) Pnor year | (cl Two years back | (d) Three years back | **(e)** Four years back |
| 1,162,157,000. | 1,134,782,000, | 1,007,240,000, | 939,779,000, | 976,027,000. |
| 21,654,000, | -461,000. | 11,924,000, | 33,474,000. | 26,449,000, |
| 7,419,000. | 32,789,000, | 152,501,000, | 77,339,000 | -22,205,000 |
|  |  |  |  |  |
| 19,871,000, | 4,953,000, | 36,883,000, | 43,352,000 | 40,492,000 |
|  |  |  |  |  |
| 1,171,359,000, | 1,162,157,000, | 1,134,782,000, | 1,007,240,000, | 939,779,000, |

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



**a** Board designated or quasi endowment

5 7. 21 %

2o • 33 %

1. Temporanly restncted endowment► 22.46 %

**b** Permanent endowment

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

**3a** Are there endowment funds not 1n the possession of the organization that are held and adm1nIstered for the organization by

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 3a(1) |  | X |
| 3a(11) |  | X |
| 3b |  |  |

* 1. unrelated organizations

**(11)** related organizations

**b** If "Yes" on line 3a(11), are the related organizations listed as required on Schedule R?

**4** Describe In Part XIII the intended uses of the or anizat1on's endowment funds

Part VI Land, Bu1ldmgs, and Equipment.

Complete 1f the organization answered "Yes" on Form 990, Part IV, line ii a See Form 990, Part **X,** line i O

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Descnpt1on of property | | **(a)** Cost *or* other basis (investment) | **(b)** Cost *or* other basis (other) | **(c)** Accumulated depreciation | **{d)** Book value |
| 1a | Land |  | 12,619,348, |  | 12,619,348. |
| b | Bu1ld1ngs |  | 1,943,188,590, | 1,146,409,357. | 796,779,233, |
| C | Leasehold improvements |  |  |  |  |
| d | Equipment |  | 860,339,232, | 733,903,403. | 126,435,829. |
| e | Other |  | 437,049,248, | 5,980,922. | 431,068,326. |
| Total | Add lines 1a throuoh i e (Column (d) must eaua/ Form 990, Part X, column (B), /me 1Oc) | | | ► | 1,366,902,736, |

Schedule **D** (Form 990)2018

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Schedule D Form 990 2018 Children's Hospital Corporation 04-2774441 Pa **e3**

Part VII Investments - Other Securities.

Complete 1f 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. F1nanc1al derivatives 2. Closely-held equity interests 3. Other |  |  |
|  |  |
|  |  |
| (A) 3rd Pty External Administered Trusts | 50,447,805, | End-of-Year Market Value |
| (B) Abrams Capital | 28,674,352, | End-of-Year Market Value |
| (C) AKO European Long-Only Fund | 23,474,245. | End-of-Year Market Value |
| (D) Bain Cap Distr & Special Situations | 4,409,375. | End-of-Year Market value |
| (E) Bain Capital Fund IX | 746,396, | End-of-Year Market Value |
| (F) Bain Capital Fund X | 1,278,654, | End-of-Year Market Value |
| (G) Bain Capital Venture Fund 2012 | 1,719,910. | End-of-Year Market Value |
| (H) Bain Capital Venture Fund 2014 ► | 5,347,763, | End-of-Year Market Value |
| Total (Col (b) must equal Form 990, Part X, col (8) line 12) | 1,124,465,251. |  |

I Part VIIII Investments - Program Related.

Complete 1f the oroanizat1on answered ''Y es' ' on Form 990, P art IV I1ne 1c

|  |  |  |
| --- | --- | --- |
| **(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 (Col (b) must equal Form 990, Part X, col (8) line 13 ) |  |  |

see Form 990, Part X,I me 13

I Part IX I Other Assets.

Complete 1f 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 | 2,829,792,591. |
| (2) Expected Insur Recoveries for Prof Liability Claims | 43,804,270. |
| **(3)** Investment in Subsidiaries | 36,805,883, |
| (4) CERNER Asset | 14,689,273. |
| (5) Other Assets - Miscellaneous | 18,265,325. |
| (6) |  |
| (7) |  |
| (8) |  |
| (9) |  |
| **Total.** (Column (b) must equal Form 990, Part X, col (BJ /me 15) ► | 2,943,357,342. |

I Part X I Other Liabilities.

Complete 1f the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

|  |  |
| --- | --- |
| 1. (a) Descnpt1on of hab1hty | **(b)** Book value |
| (1) Federal income taxes |  |
| (2) Estimated Final Settlement Due to Third Party |  |
| (3) Payers & Deferred Revenue | 29,499,366, |
| (4) Estimated Insured Professional Liability Losses | 43 ,804,270. |
| (5) Salary & Other Benefits | 897,268, |
| (6) Funds Held for Others | 32,832,917 |
| (7) Reserve for Medical Malpractice | 4,547,858 |
| (8) Other Liabilities - Miscellaneous | 10,330,502. |
| (9) Lease Obligations | 26,364,338, |
| **Total.** (Column (b) must equal Form 990, Part X, col (B) ltne 25) ► | 444,575,379. |

2 L1ab11ity for uncertain tax pos1t1ons In Part XIII, provide the text of the footnote to the organization's frnancral statements that reports the organization's habilrty for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided rn Part XIII LJLJ

Schedule **D** (Form 990) 2018

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See Part XIII for Continuations

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2018.05020 Children's Hospital Corpora CH l

ScheduleD Form99O 2018 Children's Hospital Corporation 04-2774441 Pa **e4**

Part XI Reconc1liat1on of Revenue per Audited Financial Statements With Revenue per Return.

Complete 1fthe organization answered "Yes" on Form 990, Part IV, line 12a

**1** Total revenue, gains, and other support per audited f1nanc1al statements

2

Amounts included on hne 1 but not on Form 980, Part VIII, line i 2

1. Net unrealized gains (losses) on investments
2. Donated services and use of fac11it1es
3. Recoveries of pnor year grants
4. Other (Describe 1n Part **XIII)**
5. Add lines **2a** through **2d**
6. Subtract line **2e** from line **1**
7. Amounts included on Form 980, Part VIII, hne 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, hne 7b **b** Other (Describe 1n Part XIII)

c Add lines **4a** and **4b**

2a

I 4a I

I Part XII I Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

5 Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, !me 12)

5

4b

4c

3

2d

2c

2b

2e

1

Complete 1f the organization answered "Yes" on Form 990, Part IV, line 12a

I Part XIII! Supplemental Information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Total expenses and losses per audited financial statements 2. Amounts included on line 1 but not on Form 890, Part IX, line 25 a Donated services and use of fac1ht1es    1. Pnor year adJustments    2. Other losses    3. Other (Describe 1n Part **XIII)**    4. Add lines **2a** through **2d** 3. Subtract line **2e** from hne **1** 4. Amounts included on Form 990, Part **IX,** line 25, but not on hne 1 **a** Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe 1n Part XIII )   **c** Add lines **4a** and **4b**  **5** Total exoenses Add lines **3** and **4c.** (This must equal Form 990, Part I, /me 18) |  | | | 1 |
| 2e |
|  | 2a |  |
| 2b |  |
| 2c |  |
| 2d |  |
| I 4a I | | |
| 3 |
| 4c |
|  | 4b |  |
|  | | |
| 5 |

Provide the descriptions required for Part II, lines 3, 5, and 8, Part Ill, lines 1a and 4, Part IV, lines i band 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 add1t1onal 1nformat1on

Part v, line 4·

The Children's Hospital's investment and spending policies for endowment assets are intended to provide a predictable stream of funding to support Children's Hospital's missions in pediatric patient care education research, and community programs.

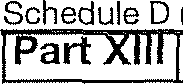
Part **X,** Line 2.

There is no FIN48/ASC740 footnote in the organization's audited financial statements.

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Form 990 2018

Children's Hospital Corporation

04-2774441

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Supplemental Information *(continued)*

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Schedule **D** (Form 990) 2018

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Schedule D (Form 990) Children's Hospital Corporation 04-2774441 Page5

I Part XIII I Supplemental Information *(contmued)*

I Part VIII Investments - Other Securities. See Form 990, Part x, line 12

|  |  |  |
| --- | --- | --- |
| **(a)** Descnpt1on of security or category (1nclud1ng name of security) | **(bl** Book value | **(cl** Method of valuation Cost or end of-year market value |
|  |  |  |
| Baupost | 67,533,548, | FMV |
|  |  |  |
| Brookside Capital | 74,256, | FMV |
|  |  |  |
| Cornmure, Inc, | 407,999, | FMV |
|  |  |  |
| Convexity | 24,194, | FMV |
|  |  |  |
| Costanoa Ventures III, LP | 1,621,710, | FMV |
|  |  |  |
| Costanoa Ventures Opportunity Fund, L,P, | 1,348,707, | FMV |
|  |  |  |
| Crosslink Crossover Fund VI | 2,683,039, | FMV |
|  |  |  |
| Crosslink Crossover Fund VII | 4,907,382. | FMV |
|  |  |  |
| Crosslink Ventures VIII-B, L,P, | 1,854,220, | FMV |
|  |  |  |
| Davidson Kempner | 66,219,821. | FMV |
|  |  |  |
| Deccan Value | 25,938,211. | FMV |
|  |  |  |
| Deerfield Partners, LP | 16,267,007, | FMV |
|  |  |  |
| Deerfield Private Design Fund IV | 3,944,672, | FMV |
|  |  |  |
| Deerfield Special Situations Fund | 2,761,912. | FMV |
|  |  |  |
| Deerfield Healthcare Innov Fund II | 541,675. | FMV |
|  |  |  |
| Dune Real Estate Fund III | 4,347,469, | FMV |
|  |  |  |
| ECM Feeder Fund I | 22,648,698. | FMV |
|  |  |  |
| Energy Capital Partners II | 1,073,255, | FMV |
|  |  |  |
| Energy Capital Partners III | 5,748,571, | FMV |
|  |  |  |
| Fidelity Notes Payable | 2,549,657 | FMV |
|  |  |  |
| Fine Points Capital II | 28,040,069, | FMV |
|  |  |  |
| Flare Capital Partners I | 3,213,319. | FMV |
|  |  |  |
| Flare Capital Partners II | 54,491, | FMV |
|  |  |  |
| Gaoling Feeder, Ltd, | 17,450,953, | FMV |
|  |  |  |
| Golden Gate Capital | 19,622,157, | FMV |
|  |  |  |
| Highfields Capital | 2,121,811, | FMV |
|  |  |  |

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Schedule D (Form 990)

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2018.05020 Children's Hosoital Coroora CH

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Part XIII I Supplemental Information *(continued)*

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

|  |  |  |
| --- | --- | --- |
| (a)Descnpt1on of security *or* category  {1nclud1ng name of security) | **{b)** Book value | **(c)** Method of valuation Cost or end-of-year market value |
|  |  |  |
| Hillhouse Fund III | 3,914,270. | FMV |
|  |  |  |
| Hillhouse Fund IV, L.P. | 290,918. | FMV |
|  |  |  |
| Himalaya Capital Investors, L.P. | 24,753,249 | FMV |
|  |  |  |
| HMI Capital Partners | 34,983,713. | FMV |
|  |  |  |
| Holdco.Opp, Fund II | 731,041. | FMV |
|  |  |  |
| Holdco.Opp, Fund III | 99,058. | FMV |
|  |  |  |
| ICHIGO Japan Fund B | 17,764,450, | FMV |
|  |  |  |
| Insignia Ventures Partners Fund I L.P. | 2,594,282, | FMV |
|  |  |  |
| JMC Capital I-B | 5,424,807. | FMV |
|  |  |  |
| JMC Platform Fund II-B | 5,135,026. | FMV |
|  |  |  |
| JVL Energy | 4,565,647. | FMV |
|  |  |  |
| King Street | 63,789,251. | FMV |
|  |  |  |
| Lone Star Fund IX | 2,533,964. | FMV |
|  |  |  |
| Lone Star Fund VIII | 1,527,469, | FMV |
|  |  |  |
| Madison Avenue Offshore Ltd. | 8,500,493. | FMV |
|  |  |  |
| Matrix China II | 7,775,655, | FMV |
|  |  |  |
| Matrix China III | 8,895,786. | FMV |
|  |  |  |
| Matrix China IV | 6,171,101. | FMV |
|  |  |  |
| Matrix India II | 4,936,171. | FMV |
|  |  |  |
| Matrix Partners China v, L.P, | 3,479,460, | FMV |
|  |  |  |
| Matrix Partners India III ' LLC | 881,859, | FMV |
|  |  |  |
| Matrix Partners X | 2,655,657, | FMV |
|  |  |  |
| Matrix Partners XI ' L.P. | 547,682, | FMV |
|  |  |  |
| Maveron Equity Partners VI | 3,382,992. | FMV |
|  |  |  |
| MIT Private Equity Fund | 12,412,411, | FMV |
|  |  |  |
| Morphic Holding, LLC | 171,710. | FMV |
|  |  |  |

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Schedule **D**(Form 990)

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2018.05020 Children's Hospital Corpora CH 1



Part XIII I Supplemental Information *(continued)*

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

|  |  |  |
| --- | --- | --- |
| **(a)** Description of security or category (including name of security) | **(b)** Book value | **(c)** Method of valuation Cost or end-of-year market value |
|  |  |  |
| Nalanda | 22,900,504, | FMV |
|  |  |  |
| Park West Investors Ltd | 35,005,631, | FMV |
|  |  |  |
| Riverstone | 1,272,737, | FMV |
|  |  |  |
| Rivulet Capital Offshore Fund, Ltd, | 34,515,957, | FMV |
|  |  |  |
| Roundshield III, LP | 2,457,974, | FMV |
|  |  |  |
| Sankaty Credit Opport Fund IV | 718,629, | FMV |
|  |  |  |
| Sequoia Capital china Growth Fund v, L,P, | 2,638,287, | FMV |
|  |  |  |
| Sequoia Capital China Seed Fund I L,P, | 258,329 | FMV |
|  |  |  |
| Sequoia Capital China Venture Fund VII L,P, | 883,200. | FMV |
|  |  |  |
| Sequoia Capital Global Equities | 18,122,593, | FMV |
|  |  |  |
| Sequoia Capital Global Growth Fund II | 10,345,911, | FMV |
|  |  |  |
| Sequoia Capital Global Growth Fund III | 994,614, | FMV |
|  |  |  |
| Sequoia Capital India IV | 8,001,504, | FMV |
|  |  |  |
| Sequoia Capital India **V** | 4,385,954, | FMV |
|  |  |  |
| Sequoia Capital India VI | 1,629,517. | FMV |
|  |  |  |
| Sequoia Capital India Seed Fund I Ltd | 161,568, | FMV |
|  |  |  |
| Sequoia Capital U.S. Venture Fund **XVI** ' L,P. | 296,159, | FMV |
|  |  |  |
| Sequoia China Growth III | 9,420,920, | FMV |
|  |  |  |
| Sequoia China Growth IV | 5,806,714. | FMV |
|  |  |  |
| Sequoia China Venture Fund IV | 1,179,411. | FMV |
|  |  |  |
| Sequoia China Venture Fund V | 1,597,597, | FMV |
|  |  |  |
| Sequoia China Venture Fund VI | 1,354,933, | FMV |
|  |  |  |
| Sequoia us GrowFund VII | 5,152,880, | FMV |
|  |  |  |
| Sequoia us Growth Fund VIII | 1,918,865, | FMV |
|  |  |  |
| Sequoia us Venture Fund XIV | 3,823,320. | FMV |
|  |  |  |
| Sequoia us Venture Fund **xv** | 1,285,024 | FMV |
|  |  |  |

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Schedule ***D*** (Form 990)

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Schedule D (Form 990) Children's Hospital Corporation 04-2774441

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Page **5**

Part XIII ! Supplemental Information *(continued)*

I Part VIII Investments - Other Securities. see Form 990, Part X, line "12

|  |  |  |
| --- | --- | --- |
| (a) Descnpt1on of security or category (including name of security) | **(b)** Book value | **(c)** Method of valuation Cost or end-of year market value |
|  |  |  |
| SequoiaUSGrowFund V | 1,383,188, | FMV |
|  |  |  |
| SequoiaUSGrowFund **VI** | 2,960,264. | FMV |
|  |  |  |
| Somerset | 17,567,727, | FMV |
|  |  |  |
| SPUR Ventures II | 6,417,736, | FMV |
|  |  |  |
| Steadfast | 23,691,647, | FMV |
|  |  |  |
| Sunridge Agribusiness Opp, I LP | 1,480,429, | FMV |
|  |  |  |
| Taris Biomedical | 4,590, | FMV |
|  |  |  |
| Tenfore Holdings Fund II, L,P, | 3,206,257, | FMV |
|  |  |  |
| Tourmaline Capital Fund II LP | 122,424. | FMV |
|  |  |  |
| Underscore VC Fund I' LP | 2,624,963, | FMV |
|  |  |  |
| Underscore, VC Fund II, L,P. | 818,784, | FMV |
|  |  |  |
| Union Park Capital II L,P, | 1,958,837, | FMV |
|  |  |  |
| Wellington - Energy | 7,390,039, | FMV |
|  |  |  |
| Wellington EM Opportunities | 34,415,384, | FMV |
|  |  |  |
| Wellington Ultra Short Duration | 159,605,707, | FMV |
|  |  |  |
| Westbrook **IX** | 1,536,120. | FMV |
|  |  |  |
| Westbrook **X** | 2,880,480, | FMV |
|  |  |  |
| Whale Rock Flagship Fund, LTD, | 15,136,039, | FMV |
|  |  |  |
| Blacksheep Fund | 8,740,176, | FMV |
|  |  |  |
| Incentive Active Value Long Only Fund | 9,380,303, | FMV |
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Schedule D (Form 990) Children's Hospital Corporation 04-2774441 Page5

I Part XIII I Supplemental Information *(contmued)*

**I Part X I Other Liabilities.** See Form 990, Part X, line 25

|  |  |
| --- | --- |
| (a) Descnpt1on of l1ab1hty | **(b)** Amount |
| Interest Rate Swap Liability | 161,652,686. |
| Accrued Pension Cost | 119,537,473. |
| Cerner Contra Asset | 15,108,701. |
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Schedule **D (Form** 990)

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|  |  |  |  |
| --- | --- | --- | --- |
| SCHEDULE F  (Form 990}  Department of the Treasury Internal Revenue Service | ►Statement of Activities Outside the United States  Complete 1f the organization►answered "Yes" on Form 990, Part **IV,** !me 14b, 15, *or* 16   * Go to www.1rs gov/Form990 for mstruct1ons and the latest information   Attach to Form 990. | |  |
| 2018  Open to Pubhc Inspection |
| Name of the organization  Children's Hospital Corporation | | Employer 1dentif1cation number  04-2774441 | |

I Part I I General Information on Act1v1tles Outside the United States.complete 1fthe organization answered "Yes" on

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' el1g1b11ity for the grants or assistance, and the selection criteria used to award the grants or assistance? D **Yes** D **No**

1. **For grantmakers** Describe 1n Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
2. Act1v1t1es per Req1on (The follow1nq Part I, line 3 table can be duplicated 1f add1t1onal space 1s needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** Region | **(b)** Number of offices  1n the region | **(c)** Number of employees, agents, and 1ndefrendent con ractors  1n the reo1on | **(d)** Act1v1t1es conducted 1n the region (by type) (such as, fundra1s1ng, pro- gram services, investments, grants to  rec1p1ents located 1n the region) | **(e)** If act1v1ty listed 1n (d) 1s a program service, describe spec1f1c type  of serv1ce(s) 1n the region | (f) Total expenditures  for and investments 1n the region |
| Central America &  the Caribbean | 0 | 0 | !Program Services | !Patient Care, Research &  !Education | 49,653. |
| East Asia & The Pacific | 0 | o | !Program Services | !Patient Care, Research &  !Education | 225,203, |
| Europe | 0 | 0 | !Program Services | !Patient Care, Research &  !Education | 403,728. |
| Middle East and North Africa - | o | o | !Program Services | jPatient Care, Research &  !Education | 82,598. |
| North America | o | 0 | Program Services | Patient Care, Research &  Education | 142,135. |
| South America | o | o | Program Services | Patient Care, Research &  !Education | 76,974. |
| South Asia | 0 | 0 | Program Services | !Patient Care, Research &  !Education | 155,364. |
| Sub-Saharan Africa | o | o | Program Services | !Patient Care, Research &  !Education | 193,268, |
| **3a** Subtotal  **b** Total from cont1nuat1on sheets to Part I  **C Totals** (add lines 3a  and 3b) | 0 | 0 |  |  | 1,328,923. |
| 0 | 0 |  |  | 1475,280,923. |
| 0 | 0 |  |  | 1476,609,846. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2018



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Schedule F (Form 990) Children s Hospital Corporation 04-2774441 Paae 1

I Part I I Gontmuat1on of Act1v1t1es per Reg1on.(Schedule F (Form 990), Part I, line 3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** Region | **(b)** Number of offices  in the region | **(c)** Number of employees or  agents 1n region | **(d)** Act1v1t1es conducted 1n region (by type) (1 e, fundra1s1ng, program services, grants to  rec1p1ents located 1n the region) | **(e)** If act1vrt:y listed 1n (d) 1s a program service, describe spec1f1c type of serv1ce(s) 1n region | **(f)** Total expenditures  for region |
| Central America &  the Caribbean | 0 | 0 | lrnvestment |  | !419,705,269, |
| Sub-Saharan Africa | 0 | 0 | IInvestment |  | 42,897,076, |
| Europe | 0 | 0 | lrnvestment |  | 12,678,578. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Totals ► |  |  |  |  | 475,280,923. |

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Schedule F Form 990 2018 Children's Hospital Corporation 04-2774441 Pa **e2**

**Part II Grants and Other Assistance to Organizations or Ent1t1es Outside the United States.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 15, for any recIp1ent who received more than $5,000 Part II can be duplicated If add1t1onal space Is needed

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1  (a) Name of organization | **(bl** IRS code section and EIN (1f applicable) | (c) Region | **(d)** Purpose of grant | (e)Amount of cash grant | **(f)** Manner of cash disbursement | **(g)** Amount of noncash assistance | **(h)** Description of noncash assistance | **(i)** Method of valuation (book, FMV,  appraisal, other) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |

2 Enter total number of rec1p1ent organizations listed above that are recognized as chantIes 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) equ1valency letter

**3** Enter total number of other organizations or entrt:1es

Schedule F (Form 990) 2018

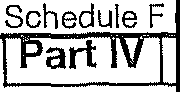
►►

Schedule F (Form 990) 2018 Children's Hospital Corporation 04-2774441 **Page3 Part III Grants and Other Assistance to Individuals Outside the United States.** Complete 1fthe organ1zat1on answered "Yes" on Form 990, Part IV, line 16

Part Ill can be duolicated 1f add1t1onal space 1s needed

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Type of grant or assistance | **(b)** Region | **(c)** Number of rec1p1ents | **(d)** Amount of cash grant | **(e)** Manner of cash disbursement | **{f)** Amount of noncash assistance | **{g)** Descnpt1on of noncash assistance | **(h)** Method of valuation  (book, FMV, appraisal, other) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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Schedule F {Form 990) 2018



Form990 2018 Children's Hospital Corporation

04-2774441

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Foreign Forms

|  |  |  |
| --- | --- | --- |
| 1 Was the organization a US transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be reqU1red to ft!e Form 926, Return by a US Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | WYes | DNo |
| **2** Did the organization have an interest 1n a foreign trust dunng the tax year? *If "Yes," the organtzatIon* |  |  |
| may be reqU1red to separately ft!e Form 3520, Annual Return To Report Transactions Wtth Foreign |  |  |
| Trusts and Receipt of Certam Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign |  |  |
| Trust With a US Owner (see lnstructJOns for Forms 3520 and 3520-A, don't ft/e with Form 990) | DYes | WNo |
| **3** Did the organ1zat1on have an ownership interest 1n a foreign corporation dunng the tax year? *ff "Yes,"* |  |  |
| the organtzatIon may be reqU1red to fife Form 5471, Information Return of US Persons With Respect To |  |  |
| Certam Foreign Corporations (see Instructions for Form 5471) | WYes | 0No |
| **4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a |  |  |
| qualified electing fund dunng the tax year? ff "Yes," the organ1zatIon may be reqwred to fife Form 8621, |  |  |
| Information Return by a Shareholder of a Passive Foreign Investment Company or Qua/IfIed Efectmg Fund |  |  |
| (see Instructions for Form 8621) | WYes | 0No |
| **5** Did the organization have an ownership mterest 1n a foreign partnership during the tax year? If "Yes," the organ1zatIon may be required to file Form 8865, Return of U S Persons With Respect to Certam |  |  |
| Foreign Partnerships (see Instructions for Form 8865) | WYes | DNo |
| **6** Did the organization have any operations 1n or related to any boycotting countries dunng the tax year? *ff*  "Yes," the organ1zatIon may be reqwred to separately fife Form 5713, International Boycott Report (see |  |  |
| lnstructJOns for Form 5713, don't fife with Form 990) | WYes | DNo |

Schedule F (Form 990) 2018

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Provide the 1nformat1on required by Part I, line 2 (monitoring of funds), Part I, line 3,column (1)(accounting method; amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part Ill (accounting method), and Part Ill, column(c) (estimated number of rec1p1ents), as applicable Also complete this part to provide any add1t1onal 1nformat1on See 1nstruct1ons



Supplemental Information

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 submit a request for reimbursement, and provide itemized receipts as supporting documentation. Reimbursement 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 authorizations are documented 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

art Supplemental Information

Provide the 1nformat1on 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 Ill (accounting method); and Part Ill, column (c) (estimated number of recipients), as applicable Also complete this part to provide any add1t1onal 1nformat1on See 1nstruct1ons

on hospital business are reimbursable upon submission and authorization of a completed reimbursement request with receipts as supporting documentation, Reimbursable expenses include transportation, hotel/lodging, meals and other reasonable expenses incidental to travel, Personal expenses are not reimbursable,

Part I, line 3

Expenditures are accounted for and reported on an accrual basis,

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundra1sing or Gammg Activities

Complete 1f the organization answered "Yes" on Form 990, Part IV, lme 17, 18, or 19, or 1f the organization entered more than $15,000 on Form 990-EZ, lme 6a

0MB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

Name of the organization

* + Attach to Form 990 or Form 990-EZ
* Go to [www.1rs.gov/Form990](http://www.1rs.gov/Form990) for mstruct1ons and the latest mtormatlon.

Open to Public Inspection

Employer 1dent1f1cat1on number

Children's Hospital Corporation 04-2774441

I Part I I **Fundra1sing Activities.** Complete 1f 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 activ1t1es Check all that apply
   1. W Mail solic1tat1ons **e** CiJ Solicitation of non-government grants
   2. W Internet and email sol1c1tat1ons **f** CiJ Sol1c1tation of government grants
   3. W Phone sol1c1tat1ons **g** CiJ Special fundrais1ng events
   4. W In-person solicitations
2. a D1d the organ1zat1on have a wntten or oral agreement with any 1nd1v1dual (1nclud1ng officers, directors, trustees, or

□

key employees listed 1n Form 990, Part VII) or entity 1n connection with professional fundra1s1ng services? CiJ **Yes No**

**b** If "Yes," list the 10 highest paid ind1v1duals *or* ent1t1es (fund raisers) pursuant to agreements under which the fundraiser 1s to be compensated at least $5,000 by the organization

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1)** Name and address of 1nd1v1dual or entity (fundra1ser) | | (11) Act1v1ty | | (IIQ Did  fun raiser have custody or control of contributions? | | **(1v)** Gross receipts from act1v1ty | **(v)** Amount paid to (or retained by)  fund raiser listed in col (1) | **(v1)** Amount paid to (or retained by) organization |
| Chapman,  Hussey - | Cubine, Adams &  2000 15th Street | Pirect Mail | Counsel | Yes | No | 897,942. | 501,974. | 395,968. |
|  | X |
| Charity Dynamics LLC - 4031  Guadalupe Street, Austin, TX | | bnline Counsel | |  | X | 648,126. | 468,638. | 179,489. |
| Sarah Gardner 13 Smokey  Hill Rd., Wayland, **MA** 01778 | | Wundraising | Counsel |  | X | 580 , 90 0. | 81,250. | 499,650. |
| Bentz Whaley Flessner - 7251  Ohms Lane, Minneapolis, MN | | tounsel/Reports | |  | X | 0. | 106,026. | -106,026. |
| Connelly Partners LLC - 46  Waltham Street, Boston, **MA** | | Wundraising | Counsel |  | X | 0. | 80,456. | -80,456. |
| Advizor Solutions, Inc. -  1333 Butterfield Road, suite | | Wundraising | Counsel |  | X | 0. | 7,214. | -7,214. |
| The Pursuant Group, Inc. -  15660 Dallas Pkwy STE 1000, | | Fundraising | Counsel |  | X | 0. | 12,000, | -12,000. |
| CKathryn W M1ree & Associates  - 2205 16th Ave *S* Unit A, | | Fundraising | Counsel |  | X | 0. | 5,262 | -5,262 |
| Copper Reef Enterprises -  6965 El Camino Real  ' | | Fundraising | Counsel |  | X | 0. | 88,110. | -88,110. |
| Market Street Research, Inc  - 9 1/2 Market Street, | | Fundraising | Counsel |  | X | 0. | 27,143. | -27,143. |
| Total |  |  |  |  | ► | 2,126,968. | 1,378,073. | 748,896. |

1. List all states in which the organization 1s registered *or* licensed to so/1c1t contnbut1ons or has been not1f1ed 1t is exempt from registration or licensing

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ See Part IV for continuations

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Schedule G (Form 990 or 990-EZ) 2018

Schedule G Form 890 or 990-E 2018 Children's Hos:pital corporation 04-2774441 Pa *e* **2**

**Part II Fundraising Events.** Complete 1fthe organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000

of fundra1s1ng event contnbut1ons and gross income on Form 880 EZ, lines 1 and 6b List events with gross receipts greater than $5,000

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q)  :::l  C  Q)  >  Q)  0:: | 1. Gross receipts 2. Less Contnbut1ons 3. Gross income (line 1 minus line 2) | **(a)** Event #1  Dinner/Auction | **(b)** Event#2  lnvestroent Conference | **(c)** Other events  4 | **(d)** Total events (add col (a) through  col (c)) |
| (event type) | (event type) | (total number) |
| 2,946,101, | 1,203,500, | 1,955,255, | 6,104,856. |
| 2,108,386, | 895,375. | 1,215,275, | 4,219,036. |
| 837,715. | 308,125. | 739,980, | 1,885,820. |
| gi  U)  C  Q)  0.  Jj  +-'  ()  B | 1. Cash pnzes 2. Noncash pnzes 3. Rent/facility costs 4. Food and beverages 5. Entertainment 6. Other direct expenses | a. | 0. | o. |  |
| 0. | 0. | 0. |  |
| 0. | 45,000, | 41,500, | 86,500, |
| 277,426, | 99,474, | 174,392, | 551,292 |
| 0. | 0. | 13,290. | 13,290. |
| 687,252. | 134,493 | 504,549,  ► | 1,326,294, |
| 1. Direct expense summary Add lines 4 through 8 in column (d) 2. Net income summarv Subtract line 10 from line 3, column /d) ► | | | | 1,977,376, |
| -91,556, |

I Part Ill I **Garnmg.** Complete 1f the organization answered "Yes" on Form 980, Part IV, line 19, or reported more than

$15,000 on Form 990-EZ, line 6a

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Q)  :::l  C  Q)  >  Q)  cc | 1 | Gross revenue | **(a)** Bingo | **{b)** Pull tabs/instant bingo/progressive bingo | **(c)** Other | gaming | **(d)** Total gaming (add col **(a)** through col **(cl)** |
|  |  |  | |  |
| U) | 1. Cash prizes 2. Noncash pnzes 3. Rent/facility costs 4. Other direct expenses | |  |  |  | |  |
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| t5 |  |  |  | |  |
| £5 |
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|  | **6** Volunteer labor | | □LJYes %  No | □LJYes %  No | □**LJYes**  %  No | |  |
| 7  8 | Direct expense summary Add lines 2 through 5 1n column (d)  Net oam1no income summarv Subtract line 7 from line 1 column *Id\* | |  |  | ►  ► |  |
|  |

**9** Enter the state(s) 1n which the organization conducts gaming act1vit1es -------------------,----,----r----,---

a Is the organization licensed to conduct gaming act1v1ties tn each of these states? LJ **Yes** D **No**

**b** If "No," explain

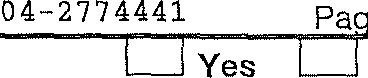
**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated dunng the tax year?

***b*** If "Yes," explain

Uves DNo



832082 10-03-18 Schedule G (Form 990 or 990-EZ) 2018

 Schedule G Form 990 or 990-E 2018 Children's Hospital Corporation

1. Does the organization conduct gaming activ1t1es with nonmembers?
2. Is the organization a grantor, benef1c1ary or trustee of a trust, or a member of a partnership or other entity formed to adm1n1ster charitable gaming?
3. Indicate the percentage of gaming act1v1ty conducted 1n

**a** The organization's facility

**b** An outside facility

1. Enter the name and address of the person who prepares the organization's gam1ng/spec1al events books and records Name► Doug Vanderslice, CFO & Treasurer

Address► 300 Longwood Avenue - Boston, **MA** 02115

e3

No

DYes □**No**

I !:I %

%

**15a** Does the organ1zat1on have a contract with a third party from whom the organization receives gaming revenue? **DYes DNo**

**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 ►

1. Gaming manager 1nformat1on

Name►

Gaming manager compensation ► $ \_

Description of services provided ►

D Director/officer D Employee D Independent contractor

1. Mandatory d1stnbut1ons

a Is the organization required under state law to make charitable d1stnbut1ons from the gaming proceeds to retain the state gaming license?

**b** Enter the amount of d1stnbut1ons required under state law to be distributed to other exempt organizations or spent 1n the or an1zat1on's own exem t act1v1t1es dunn the tax ear $

DYes DNo

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (111) and (v), and Part Ill, lines 9, 9b, 1Gb,

15b, 15c, 16, and 17b, as applicable Also provide any add1t1onal 1nformat1on See 1nstruct1ons,

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser, Chapman, Cubine, Adams & Hussey

(i) Address of Fundraiser, 2000 15th Street North, Arlington, VA 22201

(i) Name of Fundraiser Charity Dynamics LLC

(i) Address of Fundraiser: 4031 Guadalupe Street Austin, TX 78751

(i) Name of Fundraiser: Bentz Whaley Flessner

832083 10-03-18 Schedule G {Form 990 *or* 990-EZ) 2018

Schedule G Form 990 or 990-E Children's Hospital Corporation 04-2774441 Pa e4

Part IV Supplemental Information *(continued)*

(i) Address of Fundraiser. 7251 Ohms Lane, Minneapolis, MN 55439

(i) Name of Fundraiser: Connelly Partners LLC

(i) Address of Fundraiser: 46 Waltham Street Boston, MA 02118

(i) Name of Fundraiser. Advizor Solutions Inc,

(i) Address of Fundraiser•

1333 Butterfield Road, Suite 400 Downer's Grove IL 60515

(i) Name of Fundraiser, The Pursuant Group, Inc,

(i) Address of Fundraiser 15660 Dallas Pkwy STE 1000, Dallas, TX 75248

(i) Name of Fundraiser• CKathryn W Miree & Associates

(i) Address of Fundraiser: 2205 16th Ave S Unit A, Birmingham, AL 35205

(i) Name of Fundraiser. Copper Reef Enterprises

(i) Address of Fundraiser: 6965 El Camino Real, Carlsbad, CA 92009

(i) Name of Fundraiser Market Street Research, Inc

(i) Address of Fundraiser, 9 1/2 Market Street, Northampton, **MA** 01060

832084 04-01-18

Schedule G (Form 990 *or* 990-EZ)

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2018.05020 Children's Hospital Corpora CH l

|  |  |  |
| --- | --- | --- |
| SCHEDULE H  (Form 990)  Department of the Treasury Internal Revenue Seiv1ce | Hospitals   * Complete 1f the organizatio►n answered "Yes" on Form 990, Part **IV,** question 20.   + **www** Attach to Form 990   Go to 1rs gov/Form990 *for* mstruct1ons and the latest information. | 0MB No 1545-0047 |
| 2018  Open to Public Inspection |

Name of the organ1zat1on

Employer 1dent1f1cat1on number

Children's Hospital Corporation 04-2774441

I

I Part I I Financial Assistance and Certain Other Community Benefits at cost

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1a Did the organ1zat1on have a f1nanc1al assistance policy during the tax year? If "No," skip to question 6a  **b** If "Yes," was 1t a wntten policy?  ff the orgamzat1on had multiple hospital fac!11tres, md1cate which of the following best describes application of the financial assistance pohey to its various hospital   1. fac1ht1es dunng the tax year   l:iJ Applied uniformly to all hospital facil1t1es D Applied uniformly to most hospital fac1ht1es  D Generally tailored to 1nd1v1dual hospital fac1ht1es   1. Answer the following based on the financial assistance ehg1b1l1ty cntena that applied to the largest number of the orga.rnzation's patients dunng the tax year    1. Did the organization use Federal Poverty Guidelines (FPG) as a factor 1n determ1n1ng elig1b11ity for prov1d1ng *free* care?   If "Yes," 1nd1cate which of the following was the FPG family income limit for ehg1b11ity for free care  D 100% D 150% l:iJ 200% D Other %   * 1. Did the organization use FPG as a factor 1n determining elig1b1l1ty for prov1d1ng *discounted* care? If "Yes," 1nd1cate which of the following was the family income limit for elig1b11ity for discounted care   D 200% D 2so% D 300% D 350% l:iJ 400% D Other %   * 1. If the organization used factors other than FPG 1n determining elig1b1l1ty, describe 1n Part VI the cnteria used for determining   elig1b1hty for free or discounted care Include 1n the descnpt1on whether the organization used an asset test or other threshold, regardless of income, as a factor 1n determining el1g1b1l1ty for free or discounted care   1. D1d the organization's *financial* assistance policy that app!led to the largest number of its patients dunr,g the tax year provide for free or discounted care to the   11m ed1call y mdigent"?   1. **a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 2. If "Yes," did the organization's f1nanc1al assistance expenses exceed the budgeted amount? 3. If "Yes" to hne 5b, as a result of budget cons1derat1ons, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?   **6a** Did the organ1zat1on prepare a community benefit report dunng the tax year?  **b** If "Yes," did the organization make 1t available to the public?  Complete the following table using the worksheets provided m the Schedule H instructions Do not submit these worksheets with the Schedule H | 1a | X |  |
| 1b | X |  |
| 3a | X |  |
| 3b | X |  |
| 4 | X |  |
| Sa | X |  |
| Sb  Sc |  | X |
| 6a | X |  |
| 6b | X |  |
|  |  |  |

**7** F1nanc1al Assistance and Certain Other Community Benefits at Cost

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fmanc1al Assistance and Means-Tested Government Programs   1. F1nanc1al Assistance at cost (from   Worksheet 1)   1. Med1ca1d (from Worksheet 3, column a) 2. Costs of other means-tested government programs (from Worksheet 3, column b) 3. **Total.** F1nanc1al Assistance and   Means-Tested Government Programs | { {t v • rof programs (opt,onal) | **{b)** Persons  served (optional) | **{Ci** Total community enefit expense | **ld}** Direct offsetting  revenue | **(f:)** Net oommumty benefit expense | **lf)** Percent of total expense |
|  |  | 31,096,136, | 19,664,813. | 11,431,323 | ,61% |
|  |  | 397,744,105. | 263,471,642. | 134,272,463. | 7.16% |
|  |  |  |  |  |  |
|  |  | 428,840,241. | 283,136,455 | 145,703,786, | 7.77% |
| Other Benefits e Community health  improvement services and community benefit operations (from Worksheet 4)   1. Health professions education (from Worksheet 5) 2. Subsidized health services (from Worksheet 6) 3. Research (from Worksheet 7)    1. Cash and 1n-k1nd contributions for community benefit (from Worksheet 8)    2. **Total** Other Benefits   **k** Total. Add lines 7d and 71 |  |  | 6,131,908, | 236,673, | 5,895,235, | ,31% |
|  |  | 42,726,096. | 6 ,797,851. | 35,928,245. | 1.92% |
|  |  | 29,418,270, | 26,159,216, | 3,259,054. | ,17% |
|  |  | 423,047,752. | 403,786,293, | 19,261,459 | 1,03% |
|  |  | 1,725,954. |  | 1,725,954. | ,09% |
|  |  | 503,049,980, | 436,980,033, | 66,069,947. | 3,52% |
|  |  | 931,890,221, | 720,116,488, | 211,773,733, | 11.29% |

832091 11-09-18 LHA For Paperwork Reduction Act Notice, see the lnstruct1ons for Form 990.

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Schedule H (Form 990) 2018

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?.018.05020 Children's Hospital

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Schedule H (Form 990) 2018 Children's Hospital Corporation 04-2774441 Page **2**

I

**Part II Community Building Activities** Complete this table 1f the organization conducted any community bu1ld1ng act1vit1es dunng the tax year, and describe 1n Part **VI** how its community bu1ld1ng act1v1tles promoted the health of the communities 1t serves

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **(a)** Number of  actlv1ttes or programs  (optional) | lb) Persons  served (optional) | (c)Total  community  building expense | **(d)** Direct  offsetting revenue | (e) Net  commurnty building expense | lf) Percent of  total expense |
| 1 | Physical improvements and housing |  |  |  |  |  |  |
| 2 | Economic development |  |  |  |  |  |  |
| 3 | Community support | 15 |  | 1,568,573. |  | 1,568,573. | ,08% |
| 4 | Environmental improvements |  |  |  |  |  |  |
| 5 | Leadership development and tra1n1nq for community members |  |  |  |  |  |  |
| 6 | Coal1t1on bu1ld1nq |  |  |  |  |  |  |
| 7 | Community health improvement advocacy | 10 |  | 791,186. |  | 791,186. | ,04% |
| 8 | Workforce development |  |  |  |  |  |  |
| 9 | other |  |  |  |  |  |  |
| 10 | Total | 25 |  | 2,359,759, |  | 2,359,759. | .12% |

I Part Ill I Bad Debt, Medicare, & Collection Practices

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section A. Bad Debt Expense | | | | Yes | No |
| 1. Did the organization report bad debt expense 1n accordance with Healthcare Financial Management Assoc1at1on Statement No 15? 2. Enter the amount of the organization's bad debt expense Explain 1n Part VI the | | | 1 |  | X |
| 9a | X |  |
| methodology used by the organ1zat1on to estimate this amount  **3** Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's f1nanc1al assistance policy Explain 1n Part VI the methodology used by the organization to estimate this amount and the rationale, 1f any,  for 1nclud1ng this portion of bad debt as community benefit | 2 | 34,188,976. |
| 3 | 0. |
| **4** Provide 1n Part VI the text of the footnote to the organization's f1nanc1al statements that describes bad debt expense or the page number on which this footnote 1s contained in the attached financial statements  Section B Medicare | | |
| 1. Enter total revenue received from Medicare (1nclud1ng DSH and IME) 2. Enter Medicare allowable costs of care relating to payments on line 5 3. Subtract line 6 from line 5 This 1s the surplus (or shortfall) | 5 | 12,306,065. |
| 6 | 10,429,554. |
| 7 | 1,876,511. |
| **8** Describe 1n Part VI the extent to which any shortfall reported 1n line 7 should be treated as community benefit Also describe 1n Part VI the costing methodology or source used to determine the amount reported on lrne 6  Check the box that describes the method used  CiJ Cost accounting system D Cost to charge ratio D Other  Section C Collect1on Practices  **9a** Did the organization have a written debt collection policy dunng the tax year?  **b** If "Yes," did the organization's collect1on policy that applied to the largest number of its patients during the tax year contain prov1s1ons on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | | |
| 9b | X |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (a) Name of entity | **(b)** Descnpt1on of pnmary activity of entity | **(c)** Organization's profit% or stock  ownership% | **(d)** Officers, direct- ors, trustees, or key employees' profit % or stock  ownership% | **(e)** Phys1c1ans' profit% or  stock ownership% |
| 1 None |  |  |  |  |
|  |  |  |  |  |
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?018.05020 Children's Hospital Corpora CH 1

I Part V I Facility Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section A Hospital Fac1ht1es  (11st 1n order of size, from largest to smallest)  How many hospital fac1ht1es did the organization operate during the tax year? 1 | oi  t:  D.  U)  .0c  "O  <ll  U)  C  <ll  ()  .:J | -;;;  e,;,  :::,  (/)  oil  -;;;  e,;,  -0  a;,  E  C:  (".':'l | D.  (/)  .0c  \_UJ  C  fl!  32  ts | oi t= *D.*  U)  .0c  Dl C  E  ()  ro | ro  t=  D.  U)  .0c  U)  U)  <ll  ()  ()  ro  oi  ()  8 | g  0  .c  <ll  (/)  Q.)  a: | E!  :::,  .0c  "SJ"  <;-I  aw: | .  .c<ll  c9c  w | Other (describe) | Facility **reportmg** group |
| Name, address, primary website address, and state license number (and 1f a group return, the name and EIN of the subordinate hospital organization that operates the hospital fac1hty) |
| 1 Boston Children's Hospital | X | X | X | X |  | X | X |  |  |  |
| 300 Longwood Avenue |
| Boston, MA 02115 |
| [www.childrenshospital.org](http://www.childrenshospital.org/) |
| MA LICENSE #2139 |
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- - - ,... .... .., ,..... '"' **r-** '°' **'1 Jf 1""1TT**

J Part V J Facility Information *(contmued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital fac11it1es or facility reporting groups listed 1n Part **V,** Section A)

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

Line number of hospital facility, or lme numbers of hospital fac11ItIes m a facility reporting group (from Part V, Section A). 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | Yes | No |
| Community Health Needs Assessment | | 1 |  | X |
| 1. Was the hospital facility first licensed, registered, or sim1/arly recognized by a state as a hospital facility 1n the current tax year *or* the 1mmed1ately preceding tax year? 2. Was the hospital facility acquired *or* placed into service as a tax-exempt hospital 1n the current tax year or the 1mmed1ately preceding tax year? If "Yes," provide details of the acqu1s1t1on in Section C 3. Dunng the tax year or either of the two 1mmed1ate/y preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12   If "Yes," 1nd1cate what the CHNA report describes (check all that apply)   * 1. w A def1nit1on of the community served by the hospital facility   2. w Demographics of the community   **C** D Ex1st1ng health care fac11it1es and resources w1th1n the community that are available to respond to the health needs  of the community   1. w How data was obtained 2. w The significant health needs of the community 3. w Primary and chrome disease needs and other health issues of uninsured persons, low-income persons, and m1nonty   groups   1. w The process for 1dent1fymg and pnontiz1ng community health needs and services to meet the community health needs 2. w The process for consulting with persons representing the community's interests   I D The impact of any actions taken to address the s1gnif1cant health needs 1dent1f1ed in the hospital facility's pnor CHNA(s)  **l** D other (describe 1n Section C)   1. Indicate the tax year the hospital fac1/Jty last conducted a CHNA 20--16 2. 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 1n public health? If "Yes," describe 1n Section C how the hospital fac1l1ty took into account input from persons who represent the community, and identify the persons the hospital facility consulted  **6a** Was the hospital facility's CHNA conducted with one or more other hospital fac1/Jt1es? If "Yes," 11st the other hospital fac1l1t1es 1n Section C  **b** Was the hospital facility's CHNA conducted with one or more organ1zat1ons other than hospital fac11it1es? If "Yes," 11st the other organizations 1n Section C  **7** Did the hospital facility make its CHNA report widely available to the public?  If "Yes," 1nd1cate how the CHNA report was made widely available (check all that apply)   1. W Hospital fac1l1ty's website (/1st url) [www.](http://www/) childrenshospital.org 2. D Other website (list url)   **C** [iJ Made a paper copy available for public inspection without charge at the hospital fac1l1ty  **d** [iJ Other (describe 1n Section C)   1. Did the hospital facility adopt an 1mplementat1on strategy to meet the significant community health needs 1dent1f1ed through its most recently conducted CHNA? If "No," skip to line i 1 2. Indicate the tax year the hospital facility last adopted an 1mplementat1on strategy 20 3. Is the hospital facility's most recently adopted 1mplementat1on strategy posted on a website?   **a** If "Yes," (list urO childrenshospital.org/about-us/comrnunity-mission/comrnunity-needs-assessment | |
| 2 |  | X |
| 3 | X |  |
| 5 | X |  |
| 6a |  | X |
| 6b |  | X |
| 7 | X |  |
| 8 | X |  |
| 10 | X |  |
| 10b |  |  |
| **b** If "No," is the hospital facility's most recently adopted 1mplementat1on strategy attached to this return?  **11** Describe 1n Section C how the hospital facility 1s addressing the s1gn1f1cant needs identified 1n 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 organ1zat1on incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?  b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?  **c** If "Yes" to line 12b, what 1s the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital fac11it1es? $ | |
| 12a |  | X |
| 12b |  |  |
|  |  |  |

!Part *V* ! Facility Information *(contmued)*

Fmanctal Assistance Policy (FAP)

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| Did the hospital fac1l1ty have in place during the tax year a written f1rianc1al assistance policy that  **13** Explained ehg1b11ity criteria for financial assistance, and whether such assistance included free *or* discounted care?  If "Yes," 1nd1cate the elig1b11ity critena explained 1n the FAP   1. w Federal poverty guidelines (FPG), with FPG family income l1m1t for el1g1bil1ty for free care of 200 %   and FPG family income limit for elig1b11ity for discounted care of 400 %   1. D Income level other than FPG (describe 1n Section C)   **C** D Asset level  d D Medical 1nd1gency e w Insurance status   1. w Underinsurance status 2. D Residency 3. D Other (describe 1n Section C) 4. Explained the basis for calculating amounts charged to patients? 5. Explained the method for applying for f1nanc1a\ assistance?   If "Yes," 1nd1cate how the hospital fac1l1ty's FAP or FAP application form (1nclud1ng accompanying instructions)  explained the method for applying for financial assistance (check all that apply)   * 1. w Described the 1nformat1on the hospital facility may require an 1nd1v1dual to provide as part of his or her apphcat1on   2. w Described the supporting documentation the hospital facility may require an 1nd1v1dual to submit as part of his   or her application  **C** w Provided the contact 1nformat1on of hospital facility staff who can provide an 1nd1v1dua\ with 1nformat1on  about the FAP and FAP application process   1. D Provided the contact 1nformat1on of nonprofit organizations or government agencies that may be sources   of assistance with FAP appl1cat1ons   1. w other (describe 1n Section C)   **16** Was widely publicized w1th1n the community served by the hospital facility?  If "Yes," 1nd1cc1te how the hospital fac1l1ty publ1c1zed the policy (check all that apply)   1. w The FAP was widely available on a website (11st url) [www.childrenshospital.org/financialassistance](http://www.childrenshospital.org/financialassistance) 2. w The FAP appl1cat1on form was widely available on a website (list url) See Part V, Page 8   C w A plain language summary of the FAP was widely available on a website (list url) See Part V, Page 8  **d** w The FAP was available upon request and without charge (1n public locations 1n the hospital facility and by mail) e w The FAP appl1cat1on form was available upon request and without charge (1n public locations 1n the hospital  facility and by mail)   1. w A plain language summary of the FAP was available upon request c1nd without charge (1n public locations 1n   the hospital fac1l1ty and by mail)   1. w lnd1v1duals were not1f1ed about the FAP by being offered a paper copy of the plain language summary of the FAP,   by rece1v1ng a conspicuous wntten notice about the FAP on their b1ll1ng statements, and via conspicuous public displays or other measures reasonably calculc1ted to attract patients' attention   1. w Not1f1ed members of the community who are most likely to require f1nanc1al assistance about ava1lab11ity of the FAP   I w The FAP, FAP application form, and plain language summary of the FAP were translated into the pnmary language(s)  spoken by L1m1ted English Prof1c1ency (LEP) populations  I w Other (describe 1n Section C) | 13 | X |  |
| 14 | X |  |
| 15 | X |  |
| 16 | X |  |
|  |  |  |

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I

Part V I Facility Information *(contmued)*

B1lhng and Collections

X

17

Yes

Name of hospital fac1hty or letter of fac1hty reporting group Boston Children's Hospital

No

1. D1d the hospital facility have 1n place dunng the tax year as eparate billing and collect1ons policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?
2. Check all of the following actions against an 1nd1v1dual that were permitted under the hospital facility's policies during the

tax year before making reasonable efforts to determine the 1nd1v1dual's elig1b1hty under the facility's FAP

* 1. D Reporting to credit agency(1es)
  2. D Selling an 1nd1v1dual's debt to another party
  3. D Deferring, denying, or requiring a payment before prov1d1ng medically necessary care due to nonpayment of a

previous bill for care covered under the hospital fac1\ity's FAP

ctD

eD

Actions that require a legal or Judicial process Other s1m1lar actions (describe in Section C)

f [iJ None of these actions or other s1m1lar actions were permitted

19

1. D1d the hospital facility or other authorized party perform any of the following actions during the tax year before making

reasonable efforts to determine the ind1v1dual's el1g1b11ity under the fac1l1ty's FAP? X

If "Yes," check all actions 1n which the hospital fac1l1ty or at h1rd party engaged

1. D Reporting to credit agency(ies)
2. D Selling an 1nd1v1dual's debt to another party
3. D Deferring, denying, *or* requinng a payment before prov1d,ng medically necessary care due to nonpayment of a

previous bill for care covered under the hospital fac11ity's FAP

1. D Actions that require a legal or Jud1c1al process
2. D Other s1m1lar actions (describe 1n Section C)
3. Indicate which efforts the hospital facility or other authorized party made before 1nitiat1ng any of the actions listed (whether or

not checked) 1n line i 9 (check all that apply)

1. CiJ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before 1nit1at1ng those ECAs (1f not, describe 1n Section C)

###### [iJ

cD ctD eD tD

Made a reasonable effort to orally notify 1nd1v1duals about the FAP and FAP application process (1f not, describe 1n Section C) Processed incomplete and complete FAP applications (1f not, describe in Section C)

Made presumptive elig1b11ity determ1nat1ons (1f not, describe in Section C) Other (describe 1n Section C)

None of these efforts were made



Policy Relating to Emergency Medical Care

|  |  |  |
| --- | --- | --- |
| **21** D1d 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 d1scrim1nation, care for emergency medical cond1t1ons to 1nd1v1duals regardless of their elig1b11ity under the hospital fac1l1ty's financial assistance policy?  If "No," 1nd1cate why   1. D The hospital facility did not provide care for any emergency medical cond1t1ons 2. D The hospital facility's policy was not in writing   CD The hospital facility l1m1ted who was eligible to receive care for emergency medical cond1t1ons (describe 1n Section C)  **ct** D Other /describe ,n Section C) | 21 | X |
|  |  |

Schedule H (Form 990) 2018

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j Part V I Facrlrty Information *(contmued)*

Charges to lnd1v1duals El1g1ble for Assistance Under the FAP (FAP-El1g1ble lnd1v1duals)

Name of hospital facility or letter of fac1l1ty reporting group

Boston Children's Hospital

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| **22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-elig1ble 1nd1v1duals for emergency or other medically necessary care   1. D The hospital fac1l1ty used a look-back method based on claims allowed by Medicare fee-for-service during a pnor 12-month period 2. D The hospital fac1l1ty 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 fac1l1ty dunng a prior 12-month penod  **C** w The hospital facility used a look-back method based on claims allowed by Med1ca1d, either alone or 1n combination  with Medicare fee for-service and all pnvate health insurers that pay claims to the hospital facility during a prior  12-month period  **d** D The hospital fac1l1ty used a prospective Medicare or Med1ca1d method   1. During the tax year, did the hospital fac1hty charge any FAP-elig1ble 1nd1v1dual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to 1nd1v1duals who had insurance covering such care?   If "Yes," explain m Section C   1. During the tax year, did the hospital facility charge any FAP-ehg1ble 1nd1v1dual an amount equal to the gross charge for any service provided to that 1nd1v1dual?   If "Yes," explain tn Section C | 23 |  | X |
| 24 |  | X |
|  |  |  |

Schedule **H** (Form 990) 2018

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Part V I Facility Information *(cont,nued)*

Section **C.** Supplemental Information *for* Part **V,** Section B.Provide descnpt1ons required for Part V,Section B,lines 2,3j, 5, Ba,6b,7d,11,13b,13h, 15e, 16J, 1Be,19e,20a,20b,20c,20d,20e,21c,21d,23, and 24 If applicable, provide separate descnpt1ons for each hospital facility 1n a facility reporting group, designated by fac1l1ty 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 fac1l1ty

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

PageB

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I Part V I 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, 1Be, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24 If applicable, provide separate descnpt1ons for each hospital facility 1n 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

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.

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

Boston Children's Hospital:

Part V, Section B Line 11 Boston Children's addresses the health and

Part V I Facility Information *(contmued)*

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, "16], 1 Be, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24 If applicable, provide separate descnpt1ons for each hospital facility 1n a fac1!1ty reporting group, designated by fac1l1ty 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

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 erg/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 care

Asthma 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 care

Obesity 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 activity

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Part V I Facility Information *(continued)*

Section **C** Supplemental Information for Part **V,** Section B.Provide descnpt1ons required for Part V,Section B,lines 2,3J, 5,6a,6b,7d,11,13b,13h, 15e,16J, 1Be,19e,20a,20b, 20c,20d,20e, 21c,21d,23,and 24 If applicable, provide separate descnpt1ons for each hospital facility 1n afac1l1ty reporting group, designated by fac1l1ty reporting group letter and hospital fac1l1ty line number from Part V,Section A("A, 1," "A,4," "B, 2," "B,3," etc ) and name of hospital facility

Impact 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 violence

Support 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 services

Programs 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 youth

Health 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 community

Other issues that affect the health of children and families such as

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Pages

Part V I Facility Information *(contmued)*

Section **C.** Supplemental Information for Part **V,** Section B Provide descnpt1ons required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, ii, 13b, i 3h, 15e, i6J, i Se, i 9e, 20a, 20b, 20c, 20d, 20e, 2i *c,* 2i d, 23, and 24 If applicable, provide separate descnpt1ons for each hospital facility 1n a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, i," "A, 4," "B, 2," "B, 3," etc) and name of hospital facility

housing, jobs, food and safety

- Supporting, funding and working closely with partners and coalitions working on these issues

Boston Children's Hospital.

Part v, Section B, Line 15e, The Financial Assistance Policy provides as follows•

Patient/Parent will be referred to a Hospital Financial counselor for determination of eligibility for public assistance or Hospital financial assistance programs. For patients not qualifying for public assistance, information collected will be provided to the Director, Financial Clearance and Financial Counseling, for determination of eligibility in the Hospital Financial Assistance Program, Patients who potentially qualify for financial assistance will be approved by the Hospital Chief Financial Officer, Sr. Director Patient Financial Services and/or Director, Financial Clearance and Financial Counseling, with consultation and approval of the appropriate Foundation Chief or a designee as appropriate.

Boston Children's Hospital

Part v, line 16b, FAP Application website: [www.childrenshospital.org/financialassistance](http://www.childrenshospital.org/financialassistance)

Boston Children's Hospital

Part v, line 16c FAP Plain Language Summary website.

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Part V I 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, 1Be,19e,20a,20b,20c,20d,20e,21c,21d,23,and 24 If applicable, provide separate descriptions for each hospital facility 1n afacility 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 fac1l1ty

[www.childrenshospital.org/financialassistance](http://www.childrenshospital.org/financialassistance)

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,

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Part V I Facility Information *(contmued)*

Section D. Other Health Care Fac1ht1es That Are Not Licensed, Registered, or S1m1larly Recognized as a Hospital Fac1l1ty

(list 1n order of size, from largest to smallest)

How many non-hospital health care fac11it1es did the organization operate during the tax year? 6 \_

Name and address Type of Facility (describe)

|  |  |
| --- | --- |
| 1 Boston Children's at Waltham | Outpatient Satellite Facility |
| 9 Hope Ave |
| Waltham, MA 02453 |
| 2 Boston Children's at Lexington | Outpatient Satellite Facility |
| 482 Bedford Street |
| Lexington, MA 02173 |
| 3 Martha Eliot Health Center | Outpatient Community Health Center |
| 75 Bickford Street |
| Boston, MA 02130 |
| 4 Boston Children ' sat Peabody  1 Essex Center Drive Peabody, MA 01960 | Outpatient Satellite Facility |
| 5 Boston Children ' sat North Dartmouth  500 Faunce Corner Road | Outpatient Satellite Facility |
| North Dartmouth, MA 02747 |
| 6 Boston Children's at 333 Longwood Ave | Outpatient Pediatric Clinic |
| 333 Longwood Avenue |
| Boston, MA 02115 |
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Part VI I Supplemental Information

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Provide the following information

* 1. **Required descriptions** Provide the descnpt1ons required for Part I, lines 3c, 6a, and 7, Part II and Part Ill, lines 2, 3, 4, 8 and

9b

* 1. **Needs assessment.** Describe how the organization assesses the health care needs of the communities 1t serves, 1n add1t1on to any CHNAs reported 1n Part **V,** Section B
  2. **Patient education of elig1b1hty for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their el1g1bihty for assistance under federal, state, or local government programs or under the organization's f1nanc1al assistance policy
  3. **Community information** Describe the community the organization serves, taking into account the geographic area and demographic constituents 1t serves
  4. Promotion of community health. Provide any other information important to descnb1ng how the organization's hospital facilities or other health care fac11it1es further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
  5. **Affiliated health care system.** If the organization 1s part of an affiliated health care system, describe the respective roles of the organization and its affiliates 1n promoting the health of the communities served
  6. **State filing of community benefit report.** If applicable, 1dent1fy all states with which the organization, or a related organization, files a community benefit report

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.

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](http://www.mass.gov/AG) and Children's web site

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Part VI Supplemental Information *contmuation*

[www.childrenshospital.org,](http://www.childrenshospital.org/)

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

Schedule H (Form 990)

Part VI Supplemental Information *Contmuation*

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.](http://www.childrenshospital.org/community)

Part I Line 7g:

Children's does not subsidize physician services, thus there are none reported in the dollar amount for subsidized health services.

Part I Ln 7 Col(f):

The total bad debt expense of $34,188,976 is included in Form 990, Part

Schedule H {Form 990)

Part VI Supplemental Information *contmuat,on*

IX, line 25 column **(A),** but subtracted for purposes of calculating the percentage in this column,

Part II Community Building Activities:

In FY19, Children's reported two types of community building activities,

$1,568,573 for 15 community support programs and $791,186 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

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Part VI Supplemental Information *Contmuat,on*

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,](http://www.childrenshospital.org/about-us/community-mission)

Part III Line 2:

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.

Part III, Line 3

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.

Part III, Line 4.

Children's Medical Center and Subsidiaries' Audited Financial Statements contain the following bad debt footnote,

"As a result of the adoption of ASU 2014-09, beginning on October 1, 2018, the provision for uncollectible accounts is considered an implicit price concession and is a direct reduction to net patient services revenue and

is no longer presented separately on the consolidated statements of

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Part VI Supplemental Information *Contrnuat,on*

operations,

Prior to the adoption of ASU 2014-09, the Medical Center and its subsidiaries record a provision for uncollectible accounts related primarily to uninsured accounts and copayment and deductible amounts to record the net self-pay accounts receivable at the estimated amounts expected to be collected. The provision for uncollectible accounts was 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 were reduced by an allowance for uncollectible accounts. Periodically throughout the year, management assessed the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. Following the adoption of ASU 2014-09, such uncollectible patient activity no longer meets the criteria for revenue recognition and is now classified as an implicit price concession. Additionally, the provision for uncollectible amounts, when applicable, will now be presented as an expense *item* rather than a reduction to net patient services revenue.

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."

Part III Line 8•

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Part VI Supplemental Information *continuation*

Medicare allowable costs are obtained directly from the Medicare Cost Report and are determined in accordance with Medicare principles of reimbursement.

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 Directors. 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.

Part VI, Line 2:

Boston Children's assesses the community needs on an ongoing basis through

Part VI Supplemental Information *Continuation*

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-asses](http://www.childrenshospital.org/about-us/community-mission/community-needs-asses)

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.

Part VI Supplemental Information *contmuat,on*

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 attairunent across the

priority neighborhoods ranges from 71,0% of Fenway residents with a

Part VI Supplemental Information *Contmuation*

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 Medicaid

6-18 years 1,5% uninsured - 30,6% on Medicaid 19-25 yrs-7% uninsured - 18.9% on Medicaid

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

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Part VI Supplemental Information *Contmuation*

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

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Part VJ Supplemental Information *contmuation*

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-one person voluntary Board of Directors. Eighteen 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 4% 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,

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

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Part VI Supplemental Information *Continuation*

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.

Part VI, Line 7, List of States Receiving Community Benefit Report.

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|  |  |  |
| --- | --- | --- |
| SCHEDULE I  (Form 990)  Department of the Treasury Internal Revenue Service | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States  Complete 1f the orgamzat1on►answered "Yes" on Form 990, Part **IV,** lme 21 or 22.   * Attach to Form 990.   Go to [www.1rs.gov/Form990](http://www.1rs.gov/Form990) for the latest mformat1on. | 0MB No 1545-0047 |
| 2018  Open to Public Inspection |

Name of the organization

Children's Hospital Corporation

Employer 1dent1f1cat1on number

04-2774441

Part I General Information on Grants and Assistance

i Does the organization ma1nta1n records to substantiate the amount of the grants or assistance, the grantees' ehg1bl11ty for the grants or assistance, and the selection cntena used to award the grants or assistance? \_

**2** Descnbe 1n Part IV the or anizat1on's rocedures for morntonn the use of rant funds 1n the United States

IT]**Yes** 0No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 21, for any rec1p1ent that received more than $5,000 Part II can be duplicated 1f add1t1onal space 1s needed

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1 (a)** Name and address of organization or government | (b) EIN | **(c)** IRC section (1f applicable) | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **\tJ** Metnoo or valuation (book, FMV, appraisal, other) | (g] Descnpt1on of noncash assistance | **(h)** Purpose of grant or assistance |
| Health Resources In Action  622 Washington Street Dorchester , MA 02124 | 04-222.983.9 | 501(c)(3) | 310,544. | 0. |  |  | Community Partnership |
| Boston Public Health Commission 1010 Massachusetts Ave  Boston, MA 02118 | 04-3316655 | 115 | 295,686. | 0. |  |  | Community Partnership |
| Bowdoin Street Health Center Inc.  230 Bowdoin Street Boston, MA 02122 | 04-2529788 | 501(c)(3) | 95,000. | 0. |  |  | Support of Community S:ealth Center |
| Community Catalyst, Inc.  30 Winter Street 10th Floor  Boston, MA 02108 ' | 04-3355127 | 501{c){3) | 30,000. | D. |  |  | Advocacy Support |
| The Dimock Center 55 Dimock Street  Roxbury, MA. 02119 | 04-3487835 | :,01( C) ( 3) | 205,000. | 0. |  |  | Community Partnership |
| Fenway Community Development Corporation - 73 Hemenway Street - Boston , MA. 02115 | 04-2666507 | 501(c) (3) | 40,000. | D. |  |  | Community Partnership  ► |

1. Enter total number of section 501(c)(3) and government organ1zat1ons listed 1n the line 1 table
2. Enter total number of other organizations listed 1n the line 1 table

93.

4.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)

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Schedule I /Form 990) Children s Hospital Corporation 04-2774441 Paqe 1

I Part II I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (a) Name and address of organization or government | (b) EIN | **(c)** IRC section  1f applicable | (**d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| ProJect RIGHT  320 A Blue Hill Avenue Dorchester, MA 02121 | 04-3265420 | 501(c)(3) | 75,000. | 0. |  |  | 11.dvocacy Support |
| Mattapan Community Health Center 1425 Blue Hill Ave  Mattapan, MA 02426 | 04-2544151 | 501(c)(3) | 82,500. | 0. |  |  | Support of the Community B:ealth Center |
| Sociedad Latina, Inc. 1530 Tremont Street  Roxbury, MA 02120 | 04-2678255 | l50l(c)( 3) | 60,000. | 0. |  |  | Community Partnership |
| South Cove Community Health  Center Inc. - 145 South Street - Boston, MA 02111 | 04-2501818 | 150l(c)(3) | 85,000. | 0. |  |  | Support of the Community 8:ealth Center |
| South End Community Health Center  Inc. - 1601 Washington Street - Boston, MA 02118 | 04-2456134 | 1501( c) ( 3) | 85,000. | 0. |  |  | Support of the Community Elealth Center |
| Dpham's Corner Community Center Inc - 500 Columbia Road -  Dorchester MA 02125 | 04-2708670 | lsOl(c)( 3) | 80,000. | 0. |  |  | Support of the Community Elealth Center |
| Whittier Street Health Center  Committee Inc. - 1125 Tremont Street - Roxbury, MA 02120 | 04-2619517 | Ol(c)(3) | 23,750. | 0. |  |  | Support of the Community Health Center |
| Nurtury, Inc.  95 Berkeley Street, Suite 306 Boston, MA 02116 | 04-2105893 | 1501( c) ( 3) | 2,500. | 0. |  |  | Community Partnership |
| Massachusetts League of Community Health Centers - 40 Court Street,  10th Floor - Boston, MA 02108 | 04-2507409 | 01(c)(3) | 5,000. | 0. |  |  | Community Partnership |

Schedule I(Form 990) Children s Hospital Corporation 04-2774441 Paae1

I Part II I Continuation of Grants and Other Assistance to Governments and Organizations in the United States(Schedule I(Form 990}, Part II )

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization *or* government | (b) EIN | **(c)** IRC section 1f applicable | ( **d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnptron of non-cash assistance | **(h}** Purpose of grant or assistance |
| The Hyde Square Task Force, Inc.  375 Centre Street  Jamaica Plain, MA 02130 | 04-3118543 | 501(c)(3) | 2,500. | 0. |  |  | Community Partnership |
| Massachusetts Public Health Association - 101 Tremont Street - Boston, MA 02108 | 04-2326503 | 501(c)(3) | 204,793. | 0. |  |  | Community Partnership |
| Smart from the Start Inc.  68 Annunciation Road  Boston, MA 02120 | 45-4952663 | 501(c)(3) | 3,000. | 0. |  |  | Community Partnership |
| Health Law Advocates  30 Winter Street, 10th Floor Boston, MA 02108 | 04-3298116 | 501(c)(3) | 25,000. | 0. |  |  | Advocacy Support |
| Mass. Society for the Prevention of Cruelty to Children - 3815 Washington Street, Ste 2 - **Bostonr**  MA 02130 | 04-2103596 | :,01( C) ( 3) | 380,432. | 0. |  |  | Advocacy Support |
| Greater Boston Chamber of Commerce  265 Franklin Street. 12th Floor Boston, MA 02110 | 04-1103090 | :i0l( c)(3) | 10,000. | 0. |  |  | ommunity Partnership |
| Massachusetts Communities Action  Network - 50 Mt. Vernon Street - Boston, MA 02125 | 04-2863903 | :,0l(c)(3) | 2,500. | 0. |  |  | Community Partnership |
| Center for comm. Health Education Research & Service Inc. - 320 Huntington Avenue - Boston, **MA**  02115 | 04-3286409 | :i0l(c)(3) | 149,938. | 0. |  |  | ommunity Partnership |
| Express Yourself, Inc.  6 Ellis Street  Peabody, **MA** 01960 | 04-3294365 | :i0l(c)(3) | 2,500. | 0. |  |  | ommunity Partnership |

Schedule I (Form 9901 Children's Hospital Corporation 04-2774441 Paqe 1

I Part II j Contmuat1on of Grants and Other Assistance to Governments and Organizations m the United States (Schedule I (Form 990), Part II )

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | (b)EIN | **(c)** IRC section 1f applicable | (**d)** Amount of cash grant | (e) Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV,  appraisal, other) | (g) Descnpt1on 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, | 0. |  |  | ommunity Partnership |
| NAACP Boston  30 Martin Luther King Boulevard Roxbury, MA 02119 | 04-3574060 | ;:,0l(c)(3) | 5,500, | 0. |  |  | assachusetts Voter O:ducation |
| Boston Municipal Research Bureau  333 Washington Street  **Boston,** MA 02108 | 22-2673755 | 601(c)(3) | 7,500. | 0. |  |  | tommunity Partnership |
| Mission Hill Neighborhood Housing  Services - 1620 Tremont Street - Mission Hill, MA 02120 | 23-7428011 | 0l(c)(3) | 1,000, | 0. |  |  | ommunity Partnership |
| Black Ministerial Alliance of Greater Boston - 2010 Columbus  Avenue - Boston, **MA** 02119 | D4-3499852 | 6D1(c)(3) | 2,500. | 0. |  |  | -ommunity Partnership |
| Brigham and Women's Hospital, Inc. 3297 Washington Street  Jamaica Plain, MA 02130 | 04-2312909 | 601(c)(3) | 160,000. | 0. |  |  | Support of Community Efealth Center |
| City of Boston City Hall Plaza  Boston, MA 02201 | 04-6001380 | 1115 | 1,416,439, | 0. |  |  | ommunity Partnership |
| Charles River Community Health, Inc. - 287 Western Avenue - Allston, MA 02134 | 23-7221597 | 601(c)(3) | 130,000, | 0. |  |  | Support of Community Efealth Center |
| Massachusetts Budget and Policy Center - 15 Court Square, Suite  700 - Boston, MA 02108 | 04-2967537 | 0l(c)(3) | 30,000, | 0. |  |  | advocacy Support |

Schedule I (Form 990) Children s Hospital Corporation 04-2774441 Paae 1

I Part II I Continuation of Grants and Other Assistance to Governments and Organizations m the United States (Schedule I (Form 990), Part II)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization *or* government | (b) E!N | **(c)** IRC section 1f apphcable | (**d)** Amount of cash grant | **(e)** Amount of non-cash assistance | (f) Method of valuation  (book, FMV, appraisal, other) | (g) Descnpt1on 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) | 22,500. | 0. |  |  | Community Partnership |
| Urban Edge  1542 Columbus **Avenue,** SuJ.te *2*  Roxbury, MA 02119 | 22-2483475 | ::,0l(c)(3) | 1,000. | 0. |  |  | pommunity PartnershJ.p |
| Massachusetts Associtation for  Mental Health - 50 Federal Street, 6th Floor - Boston, MA 02110 | 04-2104711 | 501(c)(3) | 5,000. | 0. |  |  | dvocacy Support |
| Massachusetts Health Council  200 Reservoir Road, Suite 101 Needham, MA 02494 | 04-2296739 | ::,0l(c)( 3) | 5,000. | 0 |  |  | Community Partnership |
| Boston Center for Youth and  Families - 75 Newbury Street, 3rd Flooe - Boston, MA 02116 | 04-2602576 | :i01( C) ( 3) | 152,352. | 0. |  |  | Community Partnership |
| *City* Life/Vida Urbana PO Box 300107  Boston MA 02130 | 04-2660311 | :i01(c)( 3) | 150,000. | 0. |  |  | Community Partnership |
| MissJ.on Hill LJ.ttle League PO Box 02120  Roxbury, MA 02120 | 04-3415069 | ::,01( C) ( 3) | 2,000. | 0. |  |  | Community Partnership |
| Family Nurturing Center of Massachusetts - 200 Bowdoin Street  - Dorchester, MA 02122 | 31-1626186 | ::,Ql( C) ( 3) | 240,881. | 0. |  |  | Community Partnership |
| Fam1ly Independence Initiative 1201 Martin Luther King Jr. Way, s  Oakland, CA 94612 | 02-0784790 | ::,Ql(c)(3) | 104,500. | 0. |  |  | Community Partnership |

Schedule I /Form 990) Children's Hospital Corporation 04-2774441 Paae 1

J Part II I Contmuat1on of Grants and Other Assistance to Governments and Organizations m the United States (Schedule I (Form 990), Part II)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [a) Name and address of organization or government | (b) EIN | (c) !RC section 1f applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation  (book, FMV, appraisal, other) | {g) Descnpt1on of non-cash assistance | **{h)** Purpose of grant or assistance |
| Friends of the Children  555 Armory Street  Boston, MA 02130 | 20-1581289 | bOl(c)(3) | 2,500. | 0. |  |  | Community Partnership |
| Waltham Boys & Girls Club  20 Exchange Street  Waltham, MA 02451 | 04-2103927 | lsol(c)(3) | 50,000. | 0. |  |  | Community Partnership |
| Boston Children's Museum  308 Congress Street  Boston, MA 02210 | 04-2103993 | i:,Ol(c)(3) | 105,414. | 0. |  |  | hommunity Partnership |
| Third Sector New England, Inc.  89 South Street, Suite 700  Boston, MA 02110 | 04-2261109 | l501(c)(3) | 261,878. | 0. |  |  | Community Partnership |
| The Community Builders, Inc.  185 Dartmouth Street  Boston, MA 02116 | 04-2324773 | 1501( C) ( 3) | 283,849. | 0. |  |  | hommunity Partnership |
| United Way of Massachusetts Bay, Inc - 51 Sleeper Street - Boston,  MA 02210 | 04-2382233 | iSOl(c)(3) | 99,798. | 0. |  |  | Community Partnership |
| Haley House, Inc.  23 Dartmouth Street  Boston, MA 02116 | 04-2437845 | l50l(c)(3) | 100,000. | 0. |  |  | hommunity Partnership |
| Massachusetts Housing Finance  Agency - One Beacon Street - Boston, MA 02108 | 04-2443980 | 1115 | 75,000. | 0. |  |  | tommunity Partnership |
| Youth Enrichment Services, Inc.  412 Massachusetts Avenue Boston, MA 02118 | 04-2509466 | 1501( C) ( 3) | 50,000. | 0. |  |  | Community Partnership |

Schedule I (Form 990) Children's Hospital Corporation 04-2774441 Paoe 1

I Part II I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | (b) EIN | **(c)** IRC section 1f applicable | (**d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **{f)** Method of valuation (book, FMV,  appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h}** Purpose of grant or assistance |
| Chinatown People Progressive Association, Inc. - 28 Ash Street  - Boston, MA 02111 | 04-2631569 | 501(c)(3) | 150,000. | 0. |  |  | Community Partnership |
| Jamaica Plain Neighborhood Development Corporation - 31 Germania Street - Jamaica Plain  MA 02130 | 04-2652919 | 501(c)(3) | 225,000. | 0. |  |  | Community Partnership |
| Health Care for All, Inc. One Federal Street, 5th Floor Boston, MA 02110 | 04-3071598 | :>01( c) ( 3) | 180,000. | 0. |  |  | Community Partnership &  Advocacy Support |
| Urban College of Boston  *2* Boylston Street, 2nd Floor Boston, MA 02116 | 04-3403049 | ::,01( c) ( 3) | 150,000. | 0. |  |  | Community Partnership |
| Boston Housing Authority (Homestart) - 52 Chauncy Street '  7th Floor - boston, MA 02111 | 04-6001907 | 115 | 150,000. | 0. |  |  | Community Partnership |
| Boston Educational Development  Foundation, Inc. - 7 Palmer Street 2nd Floor - Roxbury, MA 02119 | 22-2514422 | ::,01( c) ( 3) | 88,936. | 0. |  |  | Community Partnership |
| Massachusetts Affordable Housing Alliance, Inc. - 1803 Dorchester Avenue - Dorchester, MA 02124 | 22-3042637 | 501(c)(3) | 156,127. | 0. |  |  | Community Partnership |
| Boston Chinatown Neighborhood  Center, Inc. - 885 Washington Street - Boston, MA 02111 | 23-7209691 | 501(c)(3) | 129,258. | 0. |  |  | Community Partnership |
| Boston's Higher Ground  384 Warren Street  Roxbury, MA 02119 | 27-3660369 | 501(c)(3) | 300,000. | 0. |  |  | Community Partnership |

Schedule I /Form 9901 Children's Hospital Corporation 04-2774441 Paae 1

I Part 111 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | (b) EIN | **(c)** IRC section 1f applicable | (**d)** Amount of cash grant | (e) Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| Cornmonwheels Inc.  59 Aldie Street, H  Allston, MA 02134 | 45-4645136 | '>01(c) ( 3) | 49,530. | 0. |  |  | Community Partnership |
| Fresh Truck Inc.  69 Shirley Street  Boston **MA** 02119 | 46-2848535 | .,Ol(c)(3 l | 1,000. | 0. |  |  | Community Partnership |
| Raising a Reader Massachusetts  3 School Street, 3rd Floor  Boston MA 02108 | 80-0297898 | 1501( C) ( 3) | 146,000. | 0. |  |  | Community Partnership |
| Playworks Education Energized  380 Washington Sreet  Oakland CA 94607 | 94-3251867 | .,01(c) ( 3) | 50,000. | 0. |  |  | Cornmunity Partnership |
| Massachusetts Law Reform Institute, Inc. - 99 Chauncy  Street Suite 500 - Boston, MA  02111 | 04-6004303 | 1501(c) ( 3) | 15,000. | 0. |  |  | &dvocacy Support |
| Dudley Street Neighborhood  **Initiative,** Inc. - 550 Dudley Street - Roxbury, MA 02119 | 04-2859066 | 1501( C) ( 3) | 150,000. | 0. |  |  | Cornmunity Partnership |
| Dot House Health  1353 Dorchester Avenue  Dorchester, MA 02122 | 23-7125970 | 1501( c) ( 3) | 150,000. | 0. |  |  | Cornmunity Partnership |
| Spontaneous Celebrations, Inc.  45 Danforth Street  Jamaica Plain MA 02130 | 01-3253364 | lsOl(c)(3) | 10,000. | 0. |  |  | tommunity Partnership |
| Simmons University School of Social Work - 300 The Fenway -  Boston, MA 02115 | 04-2103629 | 501(c)(3) | 99,925. | 0. |  |  | Community Partnership |

Schedule I {Form 990)

Schedule I (Form 990) Children's Hospital Corporation 04-2774441 Paoe 1

IPart III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | (b) EIN | **(c)** IRC section 1f 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 |
| Cambridge Family & Children's  Service - 60 Gore Street - Cambridge, MA 02141 | 04-2104057 | 501(c)(3) | 75,000. | 0. |  |  | Community Partnership |
| West End House  105 Allston Street Allston, MA 02134 | 04-2105825 | 501(c}(3) | 25,000\_ | 0- |  |  | Community Partnership |
| Freedom House  5 Crawford Street Boston, MA 02121 | 04-2240448 | 501(c}(3) | 150,000. | 0. |  |  | Community Partnership |
| TSNE MissionWorks  89 South Street Suite 700 Boston, MA 02116 | 04-2261109 | :,01( c) (3} | 85,000. | 0. |  |  | Community Partnership |
| Community Music Center of Boston,  Inc\_ - 34 Warren Avenue - Boston, MA 02116 | 04-2437973 | 50l(c)(3) | 17,500. | 0- |  |  | community Partnership |
| Hopewell, Inc.  3 Allied Drive Suite 308  Dedham, MA 02026 | 04-2438910 | 501(c)(3) | 25,000. | 0. |  |  | Community Partnerships |
| William James College, Inc.  1 Wells Ave\_  Boston, MA 02459 | 04-2620216 | :i0l( c) ( 3} | 249,998. | 0. |  |  | Community Partnership |
| Boston Private Industry Council  2 Oliver Street  Boston, MA 02109 | 04-2676661 | :i0l(c) ( 3} | 75,000. | 0. |  |  | Community Partnership |
| Community Service Care Inc.  295 Centre Street #31  Jamaica Plain, MA 02130 | 04-2754281 | 501(c)(3} | 150,000. | 0. |  |  | Community Partnership |

Schedule I(Form 990) Children s Hospital Corporation 04-2774441 Paae 1

I Part II I Contmuat1on of Grants and Other Assistance to Governments and Organizatwns in the Umted States(Schedule I (Form 990), Part II )

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization *or* government | (b) EIN | **(c)** IRC section 1f applicable | **(d)** Amount of cash grant | ***(e)*** Amount of non-cash assrstance | **(f)** Method of valuation  (book, FMV, appraisal, other) | (g)Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| Mathematica  955 Massachusetts Avenue Suite 80  Cambridge, MA 02139 | 22-2112296 | :i01( c)(3) | 278,973. | 0. |  |  | tommunity Partnership |
| BAGLY Inc  28 Court Square Boston, **MA** 02108 | 04-2785336 | :i01( c)(3) | 100,000. | 0. |  |  | tommunity Partnership |
| Children's Services of Roxbury  520 Dudley Street  **Boston,** MA 02119 | 04-3082352 | '501( c) ( 3) | 99,999. | 0. |  |  | tommunity Partnership |
| Boston Healthcare for the Homeless Program - 780 Albany Street - Boston, MA 02118 | 04-3160480 | ;:,0l(c)(3) | 18,500. | 0. |  |  | tommunity Partnership |
| UMass Boston Wheatley 2 160 DCSP  Boston, **MA** 02125 | 04-3167352 | 50l(c)(3) | 249 ,610. | 0. |  |  | tommunity Partnership |
| Foundation for Salem Public Education - 45 Cherry Street - Lynn, MA 01902 | 04-3276653 | 501(c)(3) | 1,000. | 0. |  |  | tommunity Partnership |
| Familes First  9 Galen Street, Suite 400 Watertown, MA 02472 | 04-3413397 | :,01( C) ( 3) | 3,000. | 0. |  |  | tommunity Partnership |
| Roxbury Presbyterian Church Social Impact Center - 328 Warren Street  - Roxbury, MA 02119 | 04-3506648 | S0l(c)(3) | 50,000 | 0. |  |  | ommunity Partnership |
| Fenway High School Fund  67 Alleghany Street Boston, MA 02120 | 04-6719813 | ;:,01( C) ( 3) | 20,000. | 0. |  |  | Community Partnership |

Schedule I (Form 990) Children's Hospital Corporation 04-2774441 Paqe 1

I Part II j Continuation of Grants and Other Assistance to Governments and Organizations m the United States (Schedule I (Form 990), Part II )

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of orgarnzat1on *or* government | (bl EIN | **(cl** IRC section 1f applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV,  appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| Madison Park Development  Corporation - 184 Dudley Street, #102 - Boston, MA 02119 | 23-7164223 | pOl(c)(3) | 75,000. | o. |  |  | Community Partnership |
| East Boston Neighborhood Health  Center - 10 Gove Street - East Boston MA 02128 | 23-7425849 | 1501( c) ( 3) | 188,857. | 0. |  |  | Community Partnership |
| Youth and Family Enrichment Services - 1613 Blue Hill Avenue,  Suite 303 - Mattapan, MA 02126 | 27-2507783 | 1501( C) ( 3) | 45,868. | 0. |  |  | tommunity Partnership |
| ABCD  178 Tremont Street Boston, MA 02111 | 04-2304133 | 1501( C) ( 3) | 5,000. | 0. |  |  | tommunity Partnership |
| Girls on the Run Greater Boston  89 South Street, LLOO Boston, MA 02111 | 46-3532424 | 150l(c)(3) | 2,000. | 0. |  |  | tommunity Partnership |
| Fenway Community Center 1282 Boylston Street  Boston, MA 02215 | 47-5582148 | 1501( c) ( 3) | 3,000. | 0. |  |  | tommunity Partnership |
| Rennie Center for Education Research & Policy - 114 State Street - Boston, MA 02109 | 51-0548106 | pOl(c)(3) | 17,500. | 0. |  |  | dvocacy Support |
| Peer Health Exchange 745 Atlantic Ave.  Boston, MA 02111 | 56-2374305 | 501(c)(3) | 24,250. | 0. |  |  | Community Partnership |
| Dana Farber Cancer Institute  450 Brookline Avenue  Boston, MA 02215 | 04-2263040 | 150l(c)( 3) | 10,000. | 0. |  |  | dvocacy Support |

Schedule I (Form 990)

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Schedule I /Form 990) Children's Hospital Corporation 04-2774441 Paae 1

I Part II j Contmuat1on of Grants and Other Assistance to Governments and Organizations m the United States (Schedule [ (Form 990), Part fl )

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | (b) E!N | **(c)** [RC section 1f applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| The Children's Trust Inc.  55 Court Street, 4th Floor  Boston, MA 02108 | 04-3123184 | p01(c)(3) | 4,500\_ | 0- |  |  | A.dvocacy Support |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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Schedule I (Form 990)

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Schedule I Form 990 2018 Children's Hospital Corporation 04-2774441 Pa **e2**

**Part Ill Grants and Other Assistance to Domestic Individuals.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 22 Part Ill can be duplicated 1f add1t1onal space 1s needed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **{a)** Type of grant or assistance | **(b)** Number of rec1p1ents | **(c)** Amount of cash grant | ( **d)** Amount of non- cash assistance | **(e)** Method of valuation (book, FMV,appraisal, other) | **(f)** Descnpt1on of noncash assistance |
| Sibylla Orth Young Fund for Student Aid | 21 | 39,000. | 0. | IFMV |  |
| Nursing Education Scholarship Fund | 91 | 181,900. | 0. | IFMV |  |
| Joshua T. Shairs Cardiology Fund | 3 | 3,000. | 0. | FMV |  |
| Family Resource Center Fund | 21 | o. | 47,146. | IFMV | ducational Resources |
| Yawkey Family Inn Fund | 2462 | 0. | 171,634. | IFMV | ousing Assistance |

**I Part IV I Supplemental Information.** Provide the 1nformat1on required 1n Part 1, line 2,Part 111, column (b), and any other add1t1onal 1nformat1on 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.

832102 11-02-18 92 Schedule I (Form 990) (2018)

See Part IV for Column (fl descriptions

Schedule I *(Form* 990) Children s Hospital Corporation 04-2774441 Paoe2

I Part Ill I Contmuat1on of Grants and Other Assistance to Individuals m the United States (Schedule I (Form 990), Part Ill)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** Type of grant or assistance | **(b)** Number of rec1p1ents | **{c)** Amount of cash grant | **{d)** Amount of non- cash assistance | **(e)** Method of valuation (book, FMV,  appraisal, other) | **{f)** Descnpt1on of non-cash assistance |
| Devon Nicole House Operating Fund | 1,321. | 0. | 47,447. | IFMV | aousing Assistance |
| Pet Therapy Program Fund | 4,749. | o. | 134,792. | Other | heurapeutic dog visits made Ito inpatients |
| Sandra & Geoffrey Fenwick Family Income Fund | 96. | 0. | 928. | IFMV | iEJereavement programs for iEamilies |
| Extraordinary Needs Fund II | 100. | 97,573. | 0. | IFMV |  |
| Volunteer Department Fund | 1,000. | 0. | 10,540. | IFMV | upplies, Catering and ntertainment for Patients and  Patient's families. |
| Broadway Sam Fund | 1,331. | 0. | 39 ,935. | IFMV | ickets for Art and ntertainment Events |
| Family Services Fund | 2,588. | 0. | 206,817. | IFMV | 8reeting Cards and supplies iEor Adopt a Family Program &  ellness supplies and services |
| Milagros Para las Family Fund | 561. | 0. | 60,327. | IFMV | ranslation services and  rogram support for spanish peaking families. |
| Barber Family Endowment Fund | 19. | o. | 18,534. | IFMV | een Advisory Committee xpenses |

Schedule I (Form 990)

Schedule I /Form 990) Children's Hospital Corporation 04-2774441 Paqe2

I Part Ill I Continuation of Grants and Other Assistance to lnd1v1duals in the Umted States (Schedule I (Form 990), Part Ill )

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** Type of grant or assistance | **(b)** Number of rec1p1ents | **(c)** Amount of cash grant | **(d)** Amount of non- cash assistance | (e) Method of valuation (book, FMV,  appraisal, other) | **(f)** Descnpt1on of non-cash assistance |
| Hale Center for Families Endowment Operating Fund | 664. | 0- | 97 ,061. | FMV | hild Life Specialist and art supplies. |
| Matthew Puffer Parking Fund | 25\_ | 7,360. | 0 - | FMV |  |
| Foster Grandparent Program Fund | 1,000. | 0. | 14,175\_ | FMV | Sponsored dog show, **music**  events, magic shows and face tpainting activities |
| Amos's Endowment/Operating Fund | 2,577. | 0. | 5,376. | FMV | Supplies for Center for amilies to meet patient amily needs,specifically  rinted materials to inform |
| Patient Family Housing Fund | 85. | 182,763. | 0. | FMV | **overs** 6 apartments for ong-term (one to 4 month tays) patient families -  ir:ent, furniture, electricity, |
| Room to Heal Fund | 33. | 0. | 6,899. | MV | bid You Know lunch series patering, printed materials  or family resurces (Milagros,  otel information, and CFF |
| Telemachus and Irene Demoulas Family Foundation Extraordinary Needs Endowment Operating Fund | 219. | 0. | 18,357. | IFMV | ACT Hope Program support, pomfort sheets for end of  ife, Keeping Connections  vent supplies and parking |
| Alexander Mosse Baer Entertainment Fund | 100\_ | o. | 950. | IFMV [o | ponsored one dog show and ur magic shows |
|  |  |  |  |  |  |

Schedule I {Form 990)

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

B. 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*

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04-01-18

Schedule I (Form 990)

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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.

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Schedule I (Form 990)

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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

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Schedule I (Form 990)

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Schedule I Form 990 ChJ.ldren' s Hospital Corporation 04-2774441 Pa **e2**

Part JV Supplemental Information

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

(f) Description of Non-cash Assistance: Supplies for Center for Families to meet patient family needs,specifically printed materials to inform families of services available (center brochures in multiple languages)

(f) Description of Non-cash Assistance: Covers 6 apartments for long-term (one to 4 month stays) patient families - rent, furniture electricity, cable & supplies

(f) Description of Non-cash Assistance. Did You Know lunch series catering, printed materials for family resurces (Milagros, hotel information, and CFF guide), and ICU Parent Sleep Space room cards

(f) Description of Non-cash Assistance PACT Hope Program support, comfort sheets for end of life Keeping Connections event supplies and

parking vouchers, and Memorial Service hall reservation and printed

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04-01-18

Schedule I (Form 990)

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Schedule I Form 990 Children's Hospital Corporation 04-2774441 Pa e2

Part IV Supplemental Information

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|  |  |  |
| --- | --- | --- |
| SCHEDULEJ  (Form 990)  Department of the Treasury Internal Revenue Service | Compensation Information  For certain Officers, Directors, Trustees, Key Employees, and Highest   * Compensated Employees   Complete 1f the organiza►tion answered "Yes" on Form 990, Part IV, lme 23   * + Att ach to Form 990.   Go to www.1rs. ov/Form990 for instructions and the latest mformatton. | 0MB No 1545-0047 |
| 2018  Open to Public Inspection |

Name of the organization

Children's Hospital Corporation

Employer 1dent1t1cat1on number

04-2774441

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I Part I I Questions Regarding Compensation

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1a Check the appropriate box(es) If the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part Ill to provide any relevant InformatIon regarding these items  D First-class or charter travel D Housing allowance or residence for personal use  D Travel for companions D Payments for business use of personal residence  CiJ Tax 1ndemn1f1cation and gross-up payments D Health or social club dues or initiation fees  D Discretionary spending account D Personal services (such as maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part 111 to explain   1. Did the organIzatIon require substantiation prior to reImbursIng or allowing expenses incurred by all directors, trustees, and officers, 1nclud1ng the CEO/Executive Director, regarding the items checked on hne 1 a? 2. Indicate which, if any, of the following the f1l1ng 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 organ1zatIon to establish compensation of the CEO/Executive Director, but explain m Part Ill   CiJ Compensation committee CiJ Written employment contract  CiJ Independent compensation consultant CiJ Compensation survey or study  CiJ Form 990 of other organizations CiJ Approval by the board or compensation committee   1. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f1hng organization or a related organization    1. Receive a severance payment or change-of-control payment?    2. Part1c1pate In, or receive payment from, a supplemental nonqualifIed retirement plan?    3. PartIcIpate in, or receive payment from, an equity-based compensation arrangement?   If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item In Part Ill  Only section 501(c)(3), 501(cl(4), and 501(cl(29) organizations must complete Imes 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   1. The organization? 2. Any related organIzat1on?   If "Yes" on line 5a or 5b, descnbe In Part Ill  6 For persons listed on Form 990, Part VII, Section A, line 1 a, did the organization pay or accrue any compensation contingent on the net earnings of   1. The organization? 2. Any related organization?   If "Yes" on line 6a or 6b, descnbe In Part Ill   1. For persons listed on Form 990, Part VII, Section A, line 1a, did the organIzatIon provide any nonfIxed payments not described on lines 5 and 6? If "Yes," describe In Part Ill 2. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 1nitIal contract exception described In Regulations section 53 4958-4(a)(3)? If "Yes," describe In Part Ill 3. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described In   Reaulat1ons section 53 4958-6/c)? | 1b |  | X |
| 2 |  | X |
| 4a | X |  |
| 4b | X |  |
| 4c  5a |  | X  X |
| 5b |  | X |
| 6a |  | X |
| 6b |  | X |
| 7 |  | X |
| 8 |  | X |
| 9 |  |  |

LHA For Paperwork Reduction Act Notrce, see the Instructions for *Form* 990. Schedule J [Form 990) 2018

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 1f add1t1onal space 1s needed

For each 1nd1v1dual whose compensation must be reported on Schedule J, report compensation from the orgarnzat1on on row (0 and from related orgarnzat1ons, described 1n the instructions, on row (11) Do not list any 1nd1v1duals that aren't listed on Form 990, Part VII

**Note:** The sum of columns (8)(1)-(111) for each listed 1nd1v1dual must equal the total amount of Form 990, Part VII, Section **A,** line 1 a, applicable column (D) and (E) amounts for that 1nd1v1dual.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(A)** Name and Title | | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(CJ** Retirement and other deferred compensation | **(DJ** Nontaxable benefits | **(E)** Total of columns (8)(1)-(D) | **(Fl** Compensation  ,n column (B) reported as deferred on pnor Form *990* |
| **(i)** Base  compensation | (ii) Bonus &  incentive compensation | (i11) Other  reportable compensation |
| (1) Sandra Fenwick  CEO Noncomp Director | (1)  (11) | 1,168,187. | 900,000. | 538,238. | 27,500. | 49,551. | **2** 683,476. | 0. |
| 0. | 0. | 0. | 0. | 0. | a. | o. |
| ( 2) Kevin Churchwell MD  President & COO/Noncomp Director | (1)  (11) | 782,233. | 450,000. | 310,896. | 22,000. | 53,817. | 1 618,946. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) Doug Vanderslice  EVP Treasurer & CFO  ' | (1)  (ii) | 710,929. | 225,090. | 577,333. | 22,000. | 33,817. | 1,569,169. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) Bruce Balter  Asst Treasurer/Dir Corp Finance | (1)  (ii) | 235,560. | 15,689. | 16,380. | 32,986. | 17,667. | 318,282. | a. |
| 0. | 0. | 0. | 0. | 0. | o. | 0. |
| (5) Michele Garvin, Esq.  General Counsel & Secretary | (1)  (11) | 563,935. | 232,655. | 113,203. | 24,750. | 22,512. | 957,055. | 0. |
| 0. | 0. | 0. | o. | 0. | 0. | 0. |
| (*6)* Laura J. Wood, DNP MS RN  CNO/Noncomp Director | (1)  (ii) | 437,382. | 104,243. | 77,881. | 22,000. | 24,840. | 666,346. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | a. |
| ( 7) Demosthenes *Argys*  SVP, & Chief Administrative Officer | (1)  (ii) | 487,486. | 113,421. | 86,745. | 24,750. | 19,950, | 732,352. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ( 8) August Cervini  VP Research Administration | (1)  (11) | 282,386. | 73,505. | 44,627. | 19,250. | 22,779. | 442,547. | o. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) Michael Gillespie  VP Clinical Services | (i)  (ii) | 364,515. | *66* ,420. | 61,501. | 22,000. | 14,069. | 528,505. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) Cynthia Haines  SVP, International Services | (1)  (11) | 428,591. | 119,630. | 78,873. | 22,000. | 26,357. | 675,451. | o. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) Patricia Hickey, PhD, MBA, RN,  VP, Cardiovascular Services | (1)  (ii) | 331,840. | 31,044. | 32,054. | 33,000. | *6* ,897. | 434,835. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) Lisa Hogarty  SVP, RE Planning and Development | (I)  (1i) | 424,650. | 100,553. | 75,230. | 22,ODO. | 26 ,268. | 648,701. | 0. |
| 0. | 0. | 0. | 0. | 0. | o. | 0. |
| (13) Daniel **N1.gr1n,** MD  SVP & Chief Information Officer | (1)  (11) | 456,897. | 107,010. | 76,857. | 24,750. | 16,127. | *681* ,641. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) Philip Rotner  Chief Investment Officer | (1)  (11) | 660,018. | 580 ,317. | 189,772. | 22,000. | 40,807. | 1,492,914. | 0. |
| 0. | D. | 0. | o. | o. | 0. | 0. |
| (15) Wendy Warring  SVP, Network Development | (i)  (11) | 485,492. | 112,545. | 80,830. | 24,750, | 20,307, | 723,924. | 0. |
| 0. | 0. | 0. | 0. | 0. | o. | 0. |
| (16) Nader Rifai, PhD  Director, Chemistry | (1)  [Ji) | 461,592. | 210,264. | 12,897. | 30,250, | 12,652. | 727,655. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies If add1t1onal space Is needed

For each 1nd1v1dual whose compensation must be reported on Schedule J, report compensation from the organization on row (1) and from related organizations, descnbed In the 1nstructIons, on row (11)

Do not list any IndIv1duals that aren't listed on Form 990, Part VII

**Note:** The sum of columns (B)(l)-(111) for each listed 1nd1v1dual must equal the total amount of Form 990, Part Vil, Section A, line 1a, applicable column (D) and (E) amounts for that ind1v1dua!

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(A)** Name and Title | | **(Bl** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (8)(1)-(D) | **(F)** Compensation In column (B)  reported as deferred  on pnor Form 990 |
| **(i)** Base  compensation | **(ii)** Bonus &  IncentIve compensation | **(iu)** Other  reportable compensation |
| (17) Lynn Susman  President, Children's Hospital Trust | (1)  (11) | 438,562. | 115,000. | 78,111. | 27,500. | 30,582. | 689,755. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (18) Reginald Stover  VP, Human Resources | (i)  (ii) | 386,090. | 150,000. | 85,784. | o. | 22,751. | 644,625. | D. |
| 0. | D. | 0. | 0. | 0. | 0. | 0. |
| (19) Martin Kelly  **Director,** Investments | (1)  (11) | 355,220. | 284,467. | 1,611. | 22,000. | 17,714. | 681,012. | D. |
| 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2D) Alison Svizzero  **Director,** Investments | (1)  (11) | 325,553. | 257,818. | 509. | 19,250. | 1,608. | 604,738. | 0. |
| 0. | 0. | 0. | 0. | 0. | o. | 0. |
| (21) James Mandell MD  Former CEO | (i)  [11) | D. | 0. | 674,930. | o. | 0. | 674,930. | 0. |
| 0. | 0. | 0. | 0. | 0. | 0. | D. |
|  | (1)  (11) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (i)  (ri) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (r)  (ii) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (1)  (11) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (1}  (11} |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (1)  (11) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (1)  (1i) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (1)  (11) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (i}  (11) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (!}  (11) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (i)  ful |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Part Ill Supplemental Information

Provide the 1nformat1on, explanation, or descnpt1ons reqwred for Part I, lines 1 a, 1b, 3, 4a, 4b, 4c, 5a, Sb, 6a, 6b, 7, and 8, and for Part II Also complete this part for any add1t1onal 1nformat1on

Part I Line la.

One officer received a gross up payment during the year. This amount was included in taxable income and is reported on Form *990* Part VII and Schedule J.

Part I Line lb

The one reportable listed benefit in line la was approved by the Hospital's board level compensation committee. The committee is comprised of members of the board who are not employed the Organization.

Part I Lines 4a-b

Boston Children's Hospital made contributions to the supplemental non-qualified retirement plan for the 1nd1v1duals 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.

Part Ill Supplemental lnformat1on

Provide the 1nformat1on, explanation, or descnpt1ons required for Part I, lines 1 a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any add1t1onal 1nformat1on

Contributions were for employee benefits and not for Boston Children's Hospital Director or Officer of the Board services and/or responsibilities.

Demosthenes Argys, received in 2018, a contribution of $56,475 August Cervini, received in 2018, a contribution of $22,655 Kevin Churchwell, received in 2018, a contribution of $131,500 Sandra Fenwick, received in 2018, a contribution of $495,500 Michele Garvin, received in 2018, a contribution of $78,258 Michael Gillespie, received in 2018, a contribution of $35,944 Cynthia Haines, received in 2018, a contribution of $49,071 Lisa Hogarty, received in 2018 a contribution of $46,083 Daniel Nigrin, received in 2018, a contribution of $51,195 Philip Rotner, received in 2018 a contribution of $165,642 Reginald Stover received in 2018 a contribution of $30,756 Lynn Susman, received in 2018, a contribution of $51,088

Doug Vanderslice received in 2018 a contribution of $102,130 Wendy Warring, received in 2018, a contribution of $53,178

Laura Wood, received in 2018 a contribution of $47,856

Part Ill Supplemental Information

Provide the 1nformat1on, explanation, or descnpt1ons required for Part I, hnes 1a, 1b, 3, 4a, 4b, 4c, Sa, Sb, 6a, 6b, 7, and 8, and for Part II Also complete this part for any add1t1onal 1nformat1on

During Calendar Year 2018 the following individuals received supplemental executive retirement plan distributions

James Mandell received in 2018 a distribution of $674,930

|  |  |  |
| --- | --- | --- |
| (Form 990)  Department of the Treasu,y Internal Revenue Service | Complete if the orgamzatron answered "Yes" on Form 990, Part **IV,** lme 24a. Provide descriptions,   * Attach to Form 990. ► Goexplanations, and any add1t1onal informatwn m Part VI. information.   to [www.1rs.gov/Form990](http://www.1rs.gov/Form990) for instructions and the latest | 2018  Open to Public Inspection |

Name of the orgarnzatIon Part I **Bond Issues**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Issuer name | **(b)** Issuer EIN | **(c)** CUSIP# | **(d)** Date issued | **{e)** Issue price | **(f)** Description of purpose | **{g)** 0efeased | | **(h)** On behalf of issuer | | **(1)** Pooled fInancIng | |
| Yes | No | Yes | No | Yes | No |
| **A** MHEFA, Revenue Bonds Series N | 04-2456011 | 7586EUJ8 | 05/13/10 | 341,590,000. | '1efunded Series G, H ' I  iJ & K |  | X |  | X |  | X |
| B MDFA, Revenue Bonds Series 0 | 04-3431814 | "'1oneAvail | 12/11/13 | 200,640,000. | efunded Series L |  | X |  | X |  | X |
| C MDFA, Revenue Bonds Series p | 04-3431814 | l57583UK31 | 05/21/14 | 136,685,000. | J)[ew bldg construct1on  1  i,:-eno. & capital equip |  | X |  | X |  | X |
| **D** MDFA, Revenue Bonds Series Q | 04-3431814 | J)[oneAvail | 07/11/14 | 50,255,000. | µew building construction  & renovations |  | X |  | X |  | X |

Children's Hospital Corporation

Employer identification number

04-2774441

Part II Proceeds

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** Amount of bonds retired | A | | B | | C | | D | |
|  | |  | |  | |  | |
| **2** Amount of bonds leoallv defeased |  | |  | |  | |  | |
| **3** Total proceeds of issue | 341,590,000. | | 200,640,000. | | 151,753,430. | | 50,255,000. | |
| **4** Gross proceeds In reserve funds |  | |  | |  | |  | |
| **5** Capitalized interest from proceeds |  | |  | |  | |  | |
| **6** Proceeds in refund1nq escrows | 339,564,138. | | 200,000,000. | |  | |  | |
| **7** Issuance costs from proceeds | 2,025,862. | | 640,000. | | 1,753,430. | | 255,000. | |
| **8** Credit enhancement from proceeds |  | |  | |  | |  | |
| **9** Work1nq capital expenditures from proceeds |  | |  | |  | |  | |
| **10** Capital expenditures from proceeds |  | |  | | 150,000,000. | | 50,000,000. | |
| **11** Other spent proceeds |  | |  | |  | |  | |
| **12** Other unspent proceeds |  | |  | |  | |  | |
| **13** Year of substantial completion | 201D | | 2013 | | 2013 | | 2016 | |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| **14** Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, 1f issued pnor to 2018, a current refund1nq issue)? | X |  | X |  |  | X |  | X |
| **15** Were the bonds issued as part of a refunding issue of taxable bonds (or, 1f issued pnor to 2018, an advance refundinq issue)? |  | X |  | X |  | X |  | X |
| **16** Has the final allocation of proceeds been made? | X |  | X |  | X |  | X |  |
| **17** Does the orgarnzation ma1ntaIn adequate books and records to support the final allocation of proceeds? | X |  | X |  | X |  | X |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2018

|  |  |  |
| --- | --- | --- |
| (Form 990)  Department of the Treasury Internal Revenue Service | Complete 1f the organization answered "Yes" on Form 990, Part IV, lme 24a. Provide descriptions,   * Attach to Form 990. ► Go explanations, and any additional mformatwn in Part VI. information.   to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest | 2018  Open to Pubhc Inspection |

Name of the organ1zatIon

Part I Bond Issues

Children's Hospital Corporation

Employer 1dentif1cat1on number

04-2774441

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Issuer name | **(b)** Issuer EIN | **(c)** CUSIP # | **{d)** Date issued | **{e)** Issue pnce | **{f)** Descnpt1on of purpose | **(g)** Defeased | | **(h}** *On* behalf of issuer | | (i} Pooled f1nanc1ng | |
| Yes | No | Yes | No | Yes | No |
| **A** MDFA, Revenue Bonds Series R | 04-3431814 | oneAvail | 07/29/14 | 125,350,000. | Refunded a portion of  Series N |  | X |  | X |  | X |
| B MDFA, Revenue Bonds Series s | 04-3431814 | oneAvail | 12/19/17 | 135,215,000. | efunded Series *M* |  | X |  | X |  | X |
| C |  |  |  |  |  |  |  |  |  |  |  |
| D |  |  |  |  |  |  |  |  |  |  |  |

Part II Proceeds

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** Amount of bonds retired | A | | B | | C | | D | |
|  | |  | |  | |  | |
| **2** Amount of bonds leoallv defeased |  | |  | |  | |  | |
| **3** Total proceeds of issue | 125,350,000. | | 134,703,799. | |  | |  | |
| **4** Gross proceeds in reserve funds |  | |  | |  | |  | |
| **5** Cap1tal1zed interest from proceeds |  | |  | |  | |  | |
| **6** Proceeds In refund1nq escrows | 125,000,000. | |  | |  | |  | |
| **7** Issuance costs from proceeds | 350,000. | | 511,201. | |  | |  | |
| 8 Credit enhancement from proceeds |  | |  | |  | |  | |
| **9** Work1n(1 capital expenditures from proceeds |  | |  | |  | |  | |
| **10** Caprtal expendrtures from proceeds |  | |  | |  | |  | |
| **11** Other spent proceeds |  | |  | |  | |  | |
| **12** Other unspent proceeds |  | |  | |  | |  | |
| **13** Year of substantial completion | 2014 | |  | |  | |  | |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| **14** Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, 1f issued pnor to 2018, a current refundmq issue)? | X |  |  | X |  |  |  |  |
| **15** Were the bonds issued as part of a refunding issue of taxable bonds (or, 1f issued pnor to 2018, an advance refund,np 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 allocat,on of proceeds? | X |  | X |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** Was the organ1zat1on a partner In a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | A | | B | | C | | D | |
| Yes | No | Yes | No | Yes | No | Yes | No |
|  | X |  | X |  | X |  | X |
| **2** Are there any lease arrangements that may result In pnvate business use of bond-financed property?  **3a** Are there any management or service contracts that may result In pnvate  business use of bond-financed property? |  | X |  | X |  | X |  | X |
|  | 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 pnvate business use of bond-financed property? |  | X |  | X |  | X |  | X |
| **d** lt "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 pnvate business use by  entItIes other than a section 501(c)(3) organization or a state or local government ► | .00 % | | .oo % | | .oo % | | .00 % | |
| **5** Enter the percentage of financed property used In a private business use as a result of unrelated trade *or* business actIvIty earned on by your organization, another  section 501(c)(3) orqantzat1on, or a state or local qovernment ► | .00 % | | .oo % | | .oo % | | .00 % | |
| **6** Total of lines 4 and 5 | .00 % | | .oo % | | .oo % | | .oo % | |
| **7** Does the bond issue meet the pnvate secuntv or payment test? |  | X |  | X |  | X |  | X |
| **8a** Has there been a sale or d1spos1t1on of any of the bond-financed property to a non- governmental person other than a 501(c)(3) orqanizat1on 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 Ba, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-2? |  |  |  |  |  |  |  |  |
| **9** Has the organization established wntten procedures to ensure that a!! nonquallf1ed bonds of the issue are remed1ated In accordance with the requirements under  Reaulat1onssect1ons 1141-12 and 1145-2? | X |  | X |  | X |  | X |  |

Part IV Arbitrage

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty In Lieu of Arbitrage Rebate? | A | | B | | C | | D | |
| Yes | No | Yes | No | Yes | No | Yes | No |
|  | X |  | X |  | X |  | X |
| **2** If "No" to line 1, did the following apply? |  | |  | |  | |  | |
| a Rebate not due vet? |  | 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 |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Was the orgarnzatIon a partner In a partnership, or a member of an LLC, which owned ProPertv financed bv tax-exempt bonds? | A | | B | | C | | D | |
| Yes | No | Yes | No | Yes | No | Yes | No |
|  | X |  | X |  |  |  |  |
| 2  3a | Are there any lease arrangements that may result In pnvate business use of bond-financed property?  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 anv manaoement or service contracts relat1no to the financed propertv? |  |  |  |  |  |  |  |  |
| c | Are there any research agreements that may result In pnvate business use of bond-financed prooertv? |  | X |  | X |  |  |  |  |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review anv research aoreements relatino to the financed propertv? |  |  |  |  |  |  |  |  |
| 4 | Enter the percentage of financed property used In a pnvate business use by  entIt1es other than a section 501lc){3) orqarnzatIon or a state or local qovernment ► | \_oo % | | .oo % | | % | | % | |
| 5 | Enter the percentage of financed property used in a pnvate business use as a result of unrelated trade or business actIvIty earned on by your orgarnzatIon, another  section 501/c)/3) oroarnzatIon, or a state or local oovernment ► | .oo % | | .oo % | | % | | % | |
| 6 | Total of lines 4 and 5 | .oo % | | .oo % | | % | | % | |
| 7 | Does the bond issue meet the pnvate secuntv or pavment test? |  | X |  | X |  |  |  |  |
| Ba | Has there been a sale or d1sposrt1on of any of the bond-financed property to a non- oovernmental Person other than a 501(c)(3l oroarnzat1on since the bonds were issued? |  | X |  | X |  |  |  |  |
| b | If "Yes" to line Sa, enter the percentage of bond-financed property sold or disposed of | % | | % | | % | | % | |
| C | If "Yes" to line Sa, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-2? |  |  |  |  |  |  |  |  |
| 9 | Has the organization estabhshed wntten procedures to ensure that all nonqual1f1ed bonds of the issue are remedIated In accordance with the requirements under ReaulatIons sections 1 141-12 and 1 145-2? | X |  | X |  |  |  |  |  |

Part IV Arbitrage

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penaltv In Lieu of Arb1traqe Rebate? | A | | B | | C | | D | |
| Yes | No | Yes | No | Yes | No | Yes | No |
|  | X |  | X |  |  |  |  |
| **2** If "No" to hne 1, did the follow1no aonlv? |  | |  | |  | |  | |
| a Rebate not due vet? |  | X |  | X |  |  |  |  |
| b Exceot1on 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 oerformed |  | |  | |  | |  | |
| **3** Is the bond issue a variable rate issue? | X |  |  | X |  |  |  |  |

Schedule K {Form 990) 2018 Children's Hospital Corporation 04-2774441 Page3

Part IV Arbitrage *(Contmued)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4a** Has the organization or the governmental issuer entered into a qual1f1ed hedge with respect to the bond issue? | A | | B | | C | | D | |
| Yes | No | Yes | No | Yes | No | Yes | No |
| X |  | X |  |  | X |  | X |
| **b** Name of provider | Goldman Sachs Mitsu | | Goldmn Sachs/BOA | |  | |  | |
| c Term of hedge | 30.0000000 | | 30.0000000 | |  | |  | |
| **d** Was the hedqe supenntearated? |  | X |  | X |  |  |  |  |
| e Was the hedae terminated? .. |  | X |  | X |  |  |  |  |
| **5a** Were ciross proceeds invested In a guaranteed investment contract (GIG)? |  | X |  | X |  | X |  | X |
| b Name of provider |  | |  | |  | |  | |
| **c** Term of GIG |  | |  | |  | |  | |
| **d** Was the reaulatorv safe harbor for establishing the fair market value of the GIG sat1sf1ed? |  |  |  |  |  |  |  |  |
| **6** Were any aross proceeds invested beyond an available temporary penod? |  | 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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has the organization established written procedures to ensure that v1olat1ons of federal tax requirements are timely 1dent1f1ed and corrected through the voluntary closing agreement program If self-remedIat1on isn't available under applicable  regulations? | A | | B | | C | | D | |
| Yes | No | Yes | No | Yes | No | Yes | No |
| X |  | X |  | X |  | X |  |

**Part VI Supplemental Information.** Provide add1t1onal InformatIon for responses to questions on Schedule K See 1nstructIons

Schedule K (Form 990) 2018 Children's Hospital Corporation 04-2774441 **Page3 Part IV Arbitrage** *(Contmued)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4a** Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | A | | B | | C | | D | |
| Yes | No | Yes | No | Yes | No | Yes | No |
| X |  |  | X |  |  |  |  |
| **b** Name of provider | Goldman Sachs Mitsu | |  | |  | |  | |
| **c** Term of hedae | 30.0000000 | |  | |  | |  | |
| **d** Wasthe hedae supenntearated? |  | X |  |  |  |  |  |  |
| **e** Was the hedae terminated? |  | X |  |  |  |  |  |  |
| **5a** Were aross proceeds invested 1n a auaranteed investment contract (GIG)? |  | X |  | X |  |  |  |  |
| **b** Name of provider |  | |  | |  | |  | |
| ***c*** Term ofGlC |  | |  | |  | |  | |
| **d** Was the reaulatorv safe harbor for establish ma the fair market value of the GIC sat1sf1ed? |  |  |  |  |  |  |  |  |
| **6** Were anv aross oroceeds invested beyond an available temporary penod? |  | X |  | X |  |  |  |  |
| **7** Has the orgamz:at1on established wntten procedures to monitor the requirements of section 148? | X |  | X |  |  |  |  |  |

Part V Procedures To Undertake Corrective Action

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has the organization established written procedures to ensure that v1olat1ons of federal tax requirements are timely 1dent1f1ed and corrected through the voluntary closing agreement program 1f self-remed1at1on isn't available under applicable  regulations? | A | | B | | C | | D | |
| Yes | No | Yes | No | Yes | No | Yes | No |
| X |  | X |  |  |  |  |  |

**Part VI Supplemental Information.** Provide add1t1onal 1nformat1on for responses to questions on Schedule K See 1nstruct1ons Schedule K, Part IV, Arbitrage, Line 2c

|  |  |  |
| --- | --- | --- |
| (a) | Issuer Name, MHEFA, Revenue Bonds Series N |  |
|  | Date the Rebate Computation was Performed. | 09/30/2014 |
|  |  |  |
| (a) | Issuer Name MDFA, Revenue Bonds Series O |  |
|  | Date the Rebate Computation was Performed: | 12/11/2018 |
|  |  |  |
| (a) | Issuer Name MDFA, Revenue Bonds Series P |  |
|  | Date the Rebate Computation was Performed. | 09/30/2018 |
|  |  |  |
| (a) | Issuer Name• MDFA, Revenue Bonds Series Q |  |
|  | Date the Rebate Computation was Performed· | 09/30/2018 |
|  |  |  |
| (a) | Issuer Name MDFA, Revenue Bonds Series R |  |
|  | Date the Rebate Computation was Performed: | 09/30/2018 |
|  |  |  |
| (a) | Issuer Name, MDFA, Revenue Bonds Series S |  |
|  | Date the Rebate Computation was Performed | 12/01/2019 |

Name of the organ1zat1on I Employer 1dent1f1catwn number

|  |  |  |
| --- | --- | --- |
| SCHEDULE M  (Form 990)  Department of the Treasury Internal Revenue Service | Noncash Contributions   * Complete 1f the organizations answered "Yes" on Form 990, Part IV, Imes 29 or 30. * Attach to Form 990.   Go to www Irs gov/Form990 for instructions and the latest information. | 0MB No 1545-0047 |
| 2018  Open to Public  lnspectron |

Children's Hospital Corporation 04-2774441

I Part I I Types of Property

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ap | (a)  Check If plicable | (b)  Number of contnbut1ons or  items contributed | **(c)** Noncash contnbut1on amounts reported on  Form 990, Part VIII, line 1g | (ct)  Method of determining noncash contnbut1on amounts |
| 1. Art - Works of art 2. Art - H1stoncal treasures 3. Art - Fractional interests 4. Books and publ1cat1ons 5. Clothing and household goods 6. Cars and other vehicles 7. Boats and planes 8. Intellectual property 9. Securities - Publicly traded 10. Securities - Closely held stock 11. Secunt1es · Partnership, LLC, or trust interests 12. Secunt1es - Miscellaneous 13. Qualified conservation contnbut1on - Historic structures 14. Qualified conservation contnbut1on - Other 15. Real estate - Res1dent1al 16. Real estate - Commercial 17. Real estate - Other 18. Collectibles 19. Food inventory 20. Drugs and medical supplies 21. Taxidermy 22. Historical artifacts 23. Sc1ent1f1c specimens 24. Archeolog1cal artifacts 25. Other ► ( Travel/Dining ) 26. Other ►► ( Misc. Other ) 27. Other ( ) 28. Other ► *(* ) |  |  |  |  |
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| X | 91 | 14,958,119. | Mean Value on Gift Date |
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| X | 19 | 4,325. | Mkt Value per Donor |
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|  |  |  |  |
| X X | 4  26 | 155,000,  65,830. | Mkt Value per Donor  Mkt Value per Donor |

**29** Number of Forms 8283 received by the organization dunng the tax year for contnbut1ons for which the organization completed Form 8283, Part IV, Donee Acknowledgement

I 29 I

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| **30a** Dunng the year, did the organization receive by contnbut1on any property reported 1n Part I, lines 1 through 28, that 1t must hold for at least three years from the date of the 1nit1al contribution, and which JSn't required to be used for exempt purposes for the entire holding penod?  **b** If "Yes," describe the arrangement in Part II  **31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  **32a** Does the orgar11zat1on hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  **b** If "Yes," describe in Part II  **33** If the organization didn't report an amount 1n column (c) for a type of property for which column (a) 1s checked, describe 1n Part II | 30a |  | X |
| 31 | X |  |
| 32a | X |  |
|  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule M (Form 990) 2018

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**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization 1s reporting in Part I, column (b), the number of contnbut1ons, the number of items received, or a combination of both Also complete this part for any additional 1nformat1on

Schedule *M,* Line 32b:

The Hospital uses an event management firm to assist *in* processing non-cash donations received for an event auction,

Schedule *M,* 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 0  (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 spec1f1c questions on Form 990 or 9►90-EZ or to provide any add1t1onal information.  Attach to Form 990 or 990-EZ.  Go to www 1rs. ov/Form990 for the latest information | 0MB No 1545-0047  2018  Open to Public Inspection |

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Form 990, Part III, Line 1, Description of Organization Mission: across the world facing rare and complex conditions,

Our vision is to build on our legacy of discovery and innovation to harness our powerful combination of life-changing care and

world-changing research to drive the breakthroughs that advance and improve the health and well-being of children everywhere. Our four-part mission is to provide access to safe high quality, compassionate and innovative clinical care to children, research new cures and treatments for diseases and methods of care delivery; train the next generation of pediatric caregivers, and improve the health and well-being of children, with a special emphasis on helping the children of Boston grow and learn in safe, healthy environments.

Form 990 Part III Line 4a, Program Service Accomplishments:

In FY2019, Boston Children's saw more than 670,000 outpatient visits, 61,000 emergency department visits 23,000 inpatient or observation stays, and 29,000 inpatient or day surgeries. Our inpatient case mix index was 2.26 and the average length of stay was 5,8 days, Of the bedded cases more than 16,8% (CMI > 2.00) can be qualified as clinically complex, Of these patients, approximately 35% (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 LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 99D-EZ.** 832211 10-10-18

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as from other academic medical centers throughout New England, Approximately 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, While the numbers are not finalized, we're projecting a Medicaid loss over $120M for FY19, In FY18 (the most recent complete year we have}, for our Massachusetts patients, 39,4% of our gross patient service revenue (GPSR) was from Medicaid, including carved out behavioral health programs and the Children's Medical Security Plan,

Increasingly, we have been able to care for and improve life and health outcomes for medically complex children, many with conditions such as congenital heart conditions, childhood cancers & complex neurological and 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

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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 community hospitals throughout eastern Massachusetts, including Beverly Hospital, Winchester Hospital, Charlton Memorial in Fall River, Milford Regional, St. Luke's in New Bedford, Tobey Hospital in Wareham & South Shore Hospital. We've also expanded partnerships with Barbara Bush Hospital at Maine Medical Center and Hasbro Children's Hospital in Providence, RI. 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

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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.

The Pediatric Physicians' Organization at Children's consists of more than 300 physicians and 100 nurse practitioners and physician assistants across Massachusetts who work in close collaboration with Boston Children's. Additionally, our BCH Physicians partnership is a multi-specialty, pediatric practice with strong medical and 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 and technology, undertaking safety & quality initiatives, supporting community health programs and 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

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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 and 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.

Foster innovation

Through the work of the Innovation and Digital Health Accelerator, BCH

reinforces a commitment to, and investment in pediatric innovation, *We*

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are combining our data, clinical expertise, and health care technology development experience, with leading worldwide industry partners - including start-ups - to transform health care,

Through the IDHA, we continue to make significant investments in the area of digital and technology-driven care. We know that the patient's journey is going to be not only more personalized as it comes to their care but clearly more digital.

Some of our ongoing proJects include.

Circulation, which leverages on-demand transportation services to ease the burden of non-emergency medical transportation

- Mightier, which uses the power of video games to help kids 6-14 struggling with anxiety and controlling emotions build emotional strength and resilience

- An Early Literacy Screening App that can effectively screen for early signs of literacy challenges in only 30 minutes and link to

risk-specific evidence-based responses for screening

- Mindlight Medical, a brain-based diagnostic service that leverages EEG data to provide risk assessment & monitoring services for autism in infants as early as 3-6 months.

Form 990, Part III, Line 4b, Program Service Accomplishments

helps us to advance the understanding of disease, but also model the diseases we see in pediatrics.

In FY2019 Boston Children's received a total of $410M in research funding-federal (NIH, etc.), non-federal direct and indirect, We are the 5th largest NIH funding recipient of all hospitals in the U.S. and

received 16%+ more NIH funding secured than any other pediatric

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hospital, Our funding amount has a multiplier effect, serving as a magnet for medical education, research and corporate investments.

Boston Children's research faculty and trainees in 2019 produced over 3,000 publications.

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. In FY2019 alone, we disclosed 153 inventions, received 269 patents, executed 54 licensing agreements and **24** sponsored research agreements,

and formed **six** startup companies to help bring our innovations to the

patient bedside, Our research specialties include.

* Research-driven discovery science platforms
* Established collaborations focused on childhood diseases
* World-leading, disease-specific expertise

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Therapeutic trials experience

* Comprehensive understanding of regulatory landscapes
* Top-level genetics and genomics research infrastructure
* Deeply phenotyped disease cohorts
* World-class informatics

Form 990, Part III, Line 4c, Program Service Accomplishments, 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,

Boston Children's has trained approximately 20% of the practicing pediatric cardiology specialists in the U.S., and 42 of those trainees have been pediatric cardiology division chiefs.

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,

Our Department of Continuing Medical Education enables clinicians around the world to tap into Boston Children's expertise, We were the first pediatric hospital to receive Joint accreditation,

Our Simulation Program is the first hospital-based simulator program at a teaching hospital in New England, Our goal is to make "practice prior to game time" part of healthcare routine, offering a fully integrated

quality assurance and improvement resource preparation and testing

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environment for hospitals.

Our groundbreaking programs in simulation technology, 3D printing, advanced genomic testing, and other areas allow us to bring new techniques to medicine that are unique to our institution - many of them specialized for the care of the smallest babies.

We are the only pediatric hospital to offer certification for physicians in use of robotic equipment, helping surgeons develop and

perfect new robotic procedures and surgical techniques. We offer the only Pediatric Addiction Medicine program *in* the U,S., as well as the only Orthopedic Sports Medicine program located at a children's

hospital. We also offer the largest programs in Pediatric Anesthesiology, Pediatric Cardiology, and Pediatric Critical Care, *in* the nation.

Boston Children's offers the only programs in New England for The only training programs in New England for Adolescent Medicine, Congenital Cardiac Surgery, and Neurodevelopmental Disabilities; and the only training programs in Massachusetts for Adolescent Medicine, Congenital Cardiac Surgery, Neurodevelopmental Disabilities, Pediatric Cardiology, Pediatric Hematology/Oncology, Pediatric Nephrology, Pediatric Orthopedics, Pediatric Pathology, and Pediatric Surgery.

Form 990, Part III, Line 4d, Other Program Services, Community:

Boston Children's Hospital was among the first academic medical centers

in the country to expand the traditional missions of patient care,

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teaching, and research to embrace a fourth part of its

mission-community, Through the years, Boston Children's has strived to ensure that community health is more than just words in its mission statement. The efforts have evolved from targeted services for individual families to innovative models that have proven to reduce health disparities, improve child health outcomes, and promote health

equity,

Boston Children's community mission is based on the needs of the community. It revolves around keeping children healthy through wellness and prevention efforts ensuring that children have access to needed health care services, and partnering with others to address the social determinants of health-those issues that have an impact on an individual's health such as exposure to violence, or living in poverty. In all its endeavors, Boston Children's focuses on meeting community needs and implementing programs that are aligned with the priorities of the City of Boston, the Boston Public Health Commission, the Boston Public Schools, as well as other key partners and city agencies.

Understanding community needs

Boston Children's conducts a comprehensive community health needs assessment every three years as required by the Internal Revenue Service. The full report from the 2019 assessment can be found at

http [//www.childrenshospital.org/about-us/community-mission/community-n](http://www.childrenshospital.org/about-us/community-mission/community-n) Key themes include how poverty impacts child and community health, access to stable and affordable housing, concerns about food access and insecurity, and the importance of prevention and focus on early

childhood issues. Health concerns for families continue to be around

asthma, obesity, and mental and behavioral health, The findings inform the direction of Boston Children's Strategic Implementation Plan which outlines how the hospital will use its resources and partner with others to address those themes and improve community health. This process also ensures that the hospital is utilizing its resources and

leveraging community partnerships in the most effective way, The assessment was approved by the Boston Children's Board of Trustees in the Fall of 2019,

The 2019 assessment identified the health-related needs, strengths, and resources available to children, youth, families, and residents in Boston-specifically the neighborhoods of Dorchester, Jamaica Plain, Mattapan, Mission Hill, and Roxbury, The assessment also looked at those living in the communities served by Boston Children's locations outside of Boston which include Lexington, North Dartmouth, Peabody, Waltham, and Weymouth,

This assessment also included data from the Boston Collaborative Community Health Needs Assessment, also known as the Boston CHNA-CHIP Collaborative. This assessment included a wide range of Boston stakeholders-community organizations, community development corporations, health centers, hospitals, and the Boston Public Health Commission, It was the first large-scale collaborative city-wide assessment and plan conducted in Boston, While community health assessment and planning work are often conducted by individual organizations, the Boston CHNA-CHIP Collaborative aligns and coordinates resources between multi-sector stakeholders across the city, Boston Children's was a founding member and staff participated in

the Steering Committee and work groups,

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Details about this process and the findings can be found in the full report.

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 continually listening and learning from patient families, community leaders and staff. The staff rely on ongoing conversations with Boston Children's key partners-community health centers and community-based organizations, as well as the Boston Public Health Commission, and the Boston Public Schools.

Through the Community Advisory Board, which meets on a quarterly basis, Boston Children's has a direct link to expertise on Boston neighborhoods, community organizations, and current health needs.

Members of the Community Advisory Board are instrumental in providing

feedback throughout the year and play a key role in the Boston Children's formal assessment process,

This feedback from experts, community leaders, and partners as well as the Community Advisory Board informs the hospital's community mission, strengthens the development of partnerships, and helps to shape the implementation of the hospital's Strategic Implementation Plan.

Being a community health leader: Boston Children's has identified priority health areas-asthma, obesity, mental and behavioral health and early childhood development-and has a programmatic response to

each. Community programs are focused where Boston Children's has the

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clinical expertise, resources, and partnerships to make a difference,

Boston Children's strategy for improving community health is to: 1) address the most pressing health needs of children and families; 2) provide services through programs that can lead to improvements in health, or 3) build community capacity to better meet the needs of children and families, Some of these programs are described briefly below,

* The Community Asthma Initiative (CAI) helped to improve the health of Boston children with asthma, To date, CAI has served more than 2,229 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 82% and emergency department visits by 55%,
* Boston Children's Hospital 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 1,409 students received school-based services, The program also provided 1,400 hours of consultation to school staff and families and 53 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

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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, Last year, *65%* 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 Boston Children's primary care clinic and *in* two Boston community health centers. Last year, 731 children were cared for by the ASK team.

Expanding community commitment

Boston Children's has an opportunity to build on its history of partnering with the community to make a significant impact on the health of children and to address the social determinants that can affect an individual's health such as the environment that surrounds them, their housing conditions and consequences from exposure to violence or living in poverty, Boston Children's will distribute new funds as part of an agreement with the Massachusetts Department of Public Health's Determination of Need/Community Health Initiative program,

These funds-Boston Children's Collaboration for Community Health-will be distributed to community organizations in addition to our ongoing

commitments and support for programs and partners. The strategy to

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distribute funds followed a two-year community engagement process to inform how Boston Children's could make a long-lasting impact, That process resulted in identifying several strategic funding areas to address the critical needs of children and families.

Boston Children's has released funding in the following strategic areas, Mental Health and Youth Support Systems, Community Trauma Response, Zero to Five Child Health and Development, Family Housing Stability and Economic Opportunity, Community Physical Activity, Recreation and Food Access and through the Children's Health Equity Collaborative

More details on the Collaboration and the funded partners can be found at BostonChildrens,org/funding

Community (continued),

Addressing social determinants of health

Boston Children's also responds to the social determinants of health by focusing on support and partnerships in three areas•

Education and schools. Boston Children's partners closely with the Boston Public Schools (BPS) to support and strengthen the system as well as to work directly in school settings to reach students and help families overcome barriers that may prevent their children from functioning well in school, FY19, BCHNP's Training and Access ProJect (TAP) provided support to 20 schools by providing training and consultation in building sustainable systems in schools to support student behavioral health needs.

- Workforce Development. Boston Children's recognizes that one of the

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most significant ways to support the community and help to ensure a diverse workforce is the recruitment and retention of Boston residents as employees, Boston Children's comprehensive workforce development efforts are in partnership with local organizations such as the Fenway Community Development Corporation and Jewish Vocational Services.

Boston Children's also supports the pipeline of health care workers by exposing youth to careers in the health field. Programs include SCOOP for students interested in nursing careers and the COACH program, which provides opportunities for high school students to work at the hospital during the summer.

Partnering to support the health and social infrastructure in place for families. Boston Children's is also committed to and directs resources to build capacity within the existing infrastructure of care for Boston children and families. This means supporting key

partners-the Boston Public Health Commission and 11 Boston community health centers. Boston Children's also has relationships with a wide array of community organizations, which provide a voice for the families and neighborhoods they represent.

Serving as a safety net

Boston Children's remains committed to its local community, providing primary and preventative care, as well as inpatient care for complex illnesses, It *is* one of the leading providers of health care to

low-income children in Massachusetts and it provides care unavailable

elsewhere in the state and sometimes the nation.

Boston Children's also is a safety net provider for Boston children.

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This safety net is financial in that the hospital provides free care, subsidizes care for Medicaid patients, and incurs bad debt for patient families who cannot pay for the care they receive. It is programmatic in that Boston Children's offers vital hospital-subsidized services that are either unavailable elsewhere or available only in a limited capacity, such as mental health and dental care.

Advocating for children and families

As the only freestanding children's hospital in Massachusetts influencing public policy to improve child health is an important aspect of Boston Children's commitment to community health. The hospital is a leading provider of pediatric medical and behavioral health services to low-income children across the Commonwealth and is a critical component of the safety net for children throughout New England and the nation. Boston Children's has been an organized force and an influential advocate for health and wellbeing of children for more than 20 years.

Boston Children's is an effective advocate on legislative and regulatory matters in Massachusetts and throughout the nation that affect children's wellbeing, such as increasing access to quality pediatric mental health programs, promoting better treatment and access to services for children with medical complexity and chronic conditions, improving the landscape for pediatric medical research and advancing innovative public health policies. Boston Children's advocacy history is rooted in the promotion of better insurance coverage for children, including major child health expansions in the 1990s the

passage of Massachusetts's 2006 health reform law) and significant

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national involvement in work to promote child health access through the Children's Health Insurance Program, Medicaid, and the Affordable Care Act, As a result, Massachusetts has achieved near universal health access for children, with less than 1 percent of children uninsured-the lowest rate in the country,

In recent years, Massachusetts has emphasized payment reform and cost containment policies within the health care system, Boston Children's played an active and vocal role in the development of the groundbreaking statewide payment reform legislation that was signed into law in August 2012, Nationally, Boston Children's is engaged in efforts to preserve and improve 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 Boston Children's (including its Boston Children's Hospital Neighborhood Partnerships Program - for details see above) and a coalition of community organizations launched the Children's Mental Health *Campaign* (CMHC), The CMHC has converted its credibility and influence into several maJor policy accomplishments which have redefined the landscape of the children's mental health system in Massachusetts In 2008 the CMHC was instrumental in securing passage of two landmark state laws. An Act Relative to Children's Mental Health (Chapter 321) creates a structure for enhancing early identification, treating children in the most appropriate settings,

enhancing coordination among state health care agencies, and

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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 several 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, Boston Children's 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, Boston Children's 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,

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Boston Children's 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 in-depth training series that gives advocates a better understanding of the legislative process and the skills needed for effective advocacy, The CAN hosts monthly educational sessions, 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 at the federal and state levels, Staff members from departments throughout the hospital regularly engage with the CAN 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.

Expenses$ 7,857,862, including grants of$ 0, Revenue$ 0,

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

Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation,

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 Directors of Children's Hospital Corporation must consist of the persons

who serve from time to time as the directors of The Children's Medical

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Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O Form 990 or 990-E 2018 Pa e2

Name of the organ1zat1on

Children's Hospital Corporation

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Center Corporation.

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 or the Hospital;
* 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 approve the appointment or removal of the Chief Executive Officer of the Hospital;

to approve mergers, consolidations, and other forms of corporate affiliations with third parties.

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

The Form 990 tax return was prepared by the organization's staff and reviewed by management (including the Chief Executive Officer, President & Chief Operating Officer, Chief Financial Officer, General Counsel and other relevant departments of the organization), along with the outside accounting firm of Ernst & Young.

The Form 990 tax return was then presented to the Children's Medical Center and affiliates' Audit & Compliance Committee. Also, a copy was made available to the Board before filing.

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Schedule O {Form 990 *or* 990-EZ) {2018)

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Form 990 Part VI, Section B, Line 12c.

The Hospital's Conflict of Interest and Commitment policy applies to all directors, Trust Board members, members of the medical or research staff, faculty, fellow, resident student, visiting faculty or scientist, consultant, volunteer sand employees of the Hospital, Directors chiefs of service and division chiefs, senior directors and others who exercise influence over important strategic, business and purchasing decisions of the Hospital are required to complete an annual conflict of interest disclosure questionnaire about their financial interests and outside activities, If an expected questionnaire is not returned, the Compliance Officer notifies the individual's supervisor or the CEO or COO, and repeated requests for the completed questionnaire are made until the questionnaire is completed, Responses are reviewed by the Compliance Officer and any potential conflicts are discussed with the Office of General Counsel and/or the individual's supervisor, any actual or potential conflicts are managed by termination of the conflict management of the conflict, recusal, disclosure, review, or a combination thereof,

Outside interests and outside activities may be permitted as long as the Hospital, Medical Center or Trust determines that such interests and activities are consistent with the policies 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/she has a financial interest or a consultative role in or with a person or company with which the Hospital,

Medical Center or Trust is doing or is thinking of doing business; and

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Schedule **O** (Form 990 or **990-EZ)** (2018)

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2. refrains from voting or exercising any personal influence whatsoever in the selection of a person or company to do business with the Hospital, Medical Center or Trust with whom or in which he/she has a financial interest or a consultative role; and

3, avoids any active participation in any financial negotiations between the Hospital, Medical Center or Trust and the person or company with whom or in which he/she has a financial interest or consultative role, and

4. does not permit such outside interests or activities to absorb such amounts of his/her time and effort as to make it impractical for them to fulfill their assigned responsibilities at the Hospital, Medical Center or Trust, and

5, does not permit such outside interests or activities to compromise or appear to compromise the name or reputation of the Hospital, Medical Center or Trust,

Form 990, Part VI Section B, Line 15:

The Hospital has a board level compensation committee that annually reviews and approves the compensation for the following individuals

Chief Executive Officer

President & Chief Operating Officer

Executive Vice President of Finance, IS & RE & Chief Financial Officer Senior Vice President & General Counsel

Senior Vice President, Patient Care Services & Chief Nursing Officer Senior Vice President & Chief Administrative Officer

Vice President, Research Administration

President, Children's Hospital Trust

Vice President, Government Relations Vice President & Chief Marketing Officer

Senior Vice President & Chief Information Officer Vice President, Human Resources

Vice President, Support Services

Senior Vice President, Real Estate Planning & Development Chief Investment Officer

Senior Vice President, Network Development & Strategic Partnerships Vice President, Clinical Services

Senior Vice President, International Services

The committee is comprised of members of the board who are not employed by the organization, and no member may participate in the review and approval of compensation if the member has a conflict of interest with respect to that compensation arrangement, The committee relies on data, provided by an independent compensation consultant, which includes comparable compensation for similarly qualified persons, in functionally comparable positions, at similarly situated organizations. The deliberations and decisions of the committee are documented in minutes of the meeting,

Form 990, Part VI Section c, Line 19

The Hospital posts its Code of Conduct (which incorporates the Conflict of Interest Policy) and its Compliance Manual (which includes a summary of the Conflict of Interest Policy) on its external website and these are also available from the Compliance Office or the Office of General Counsel, Governing documents are not posted publicly but are available from the

Hospital upon request and are also filed with the Massachusetts Secretary

of State, where they are available to the public, Audited financial statements are filed annually with the Massachusetts Office of the Attorney General as part of the Hospital's Form PC filing and are available from the organization upon request, Quarterly financial statements are filed with the Hospital's bond trustee and are available to the public through the Electronic Municipal Market Access (EMMA) website maintained by the Municipal Securities Rulemaking Board,

Form 990 Part IX Line llg, Other Fees: Purchased Medical Services.

|  |  |
| --- | --- |
| Program service expenses | 111,194,937, |
| Management and general expenses | 12,014,781. |
| Fundraising expenses | 0. |
| Total expenses | 123,209,718, |

|  |  |
| --- | --- |
| Purchased Research Services: |  |
| Program service expenses | 49,027,918, |
| Management and general expenses | 6,652, |
| Fundraising expenses | 0. |
| Total expenses | 49,034,570, |

|  |  |
| --- | --- |
| Consulting Services• |  |
| Program service expenses | 20,420,420, |
| Management and general expenses | 15,945,778, |
| Fundraising expenses | 488,268, |
| Total expenses | 36,854,466, |

Misc, Purchased Services:

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Schedule O (Form 990 or 990-EZ) {2018)

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|  |  |
| --- | --- |
| Program service expenses | 25,005,773, |
| Management and general expenses | 7,548,842. |
| Fundraising expenses | 159,007. |
| Total expenses | 32,713,622. |

|  |  |
| --- | --- |
| Nursing Agency Fees: |  |
| Program service expenses | 11,234,248, |
| Management and general expenses | 383,652. |
| Fundraising expenses | 0. |
| Total expenses | 11,617,900. |

|  |  |
| --- | --- |
| Laundry Services |  |
| Program service expenses | 2,349,807. |
| Management and general expenses | 46,046. |
| Fundraising expenses | 0. |
| Total expenses | 2,395,853. |

|  |  |
| --- | --- |
| Security Services, |  |
| Program service expenses | 8,214,112. |
| Management and general expenses | 114,703. |
| Fundraising expenses | 310. |
| Total expenses | 8,329,125. |

|  |  |
| --- | --- |
| Catering Fees· |  |
| Program service expenses | 1,006,853. |
| Management and general expenses | 260,639, |
| Fundraising expenses | 26,488. |
| Total expenses | 1,293,980, |

Name of the organ1zat1on

Children's Hospital Corporation

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04-2774441

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| --- | --- |
| Collection Agency Fees, |  |
| Program service expenses | 0. |
| Management and general expenses | 1,717,030, |
| Fundraising expenses | 0. |
| Total expenses | 1,717,030. |

|  |  |
| --- | --- |
| Temp Agency Fees: |  |
| Program service expenses | 8,384,518, |
| Management and general expenses | 2,740,557. |
| Fundraising expenses | 79,533, |
| Total expenses | 11,204,608. |

|  |  |
| --- | --- |
| Ambulance Services |  |
| Program service expenses | 121,561. |
| Management and general expenses | 0. |
| Fundraising expenses | 0. |
| Total expenses | 121,561. |

|  |  |
| --- | --- |
| Environmental Services: |  |
| Program service expenses | 790,275. |
| Management and general expenses | 256,797. |
| Fundraising expenses | 0. |
| Total expenses | 1,047,072. |
| Total Other Fees on Form 990, Part IX, line llg, Col A | 279,539,505. |

Form 990 Part **XI** line 9, Changes in Net Assets,

Net Transfers/Support from Children's Medical Center 194,968,968.

Name of the organization

Children's Hospital Corporation

Employer 1ctentlf1cat1on number

04-2774441

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| --- | --- | --- |
| Pension Adjustment |  | -98,688,719. |
| Other Adjustments |  | 993. |
| Tran of Prof Svc Surplus from Net Assets | to Funds Held for |  |
| Others |  | -2,155,453. |
| Total to Form 990, Part **XI** Line 9 |  | 94,125,789. |

0MB No 1545-0047

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| --- | --- | --- |
| SCHEDULER  (Form990)  Department of the Treasury  internal Revenue Service | * Related Organizations and Unrelated Partnerships   Complete 1f the organization answ►ered "Yes" on Form 990,Part **IV,** lme 33,34,35b,36,or 37.   * + Attach to Form 990.   Go to www.irs. ov/Form990 for mstruct1ons and the latest informatmn. | 2018  Open to Public Inspection |

Name of the organization

Children's Hospital Corporation

Employer 1dentificatmn number

04-2774441

**Part** I **Identification of Disregarded Entities.** Complete 1f the organ12at1on answered "Yes" on Form 990, Part IV, line 33

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [a)  Name,address, and EIN(1f applicable) of disregarded entity | (b)  Primary act1v1ty | (c)  Legal dom1c1le(state or foreign country) | (d)  Total income | (e)  End-of-year assets | (f)  Direct controlling entity |
| Children's One Brookline Place LLC -  20-5850015, 300 Longwood Avenue ' Boston, **MA** | Real Estate Holdings | assachusetts | o. | 0. | Children's Hospital Corporation |
| 02115 |
| Children's Brookline Place, LLC - 26-1523020  300 Longwood Avenue | Real Estate Holdings | assachusetts | 0 | 0. | "hildren's Hospital "orporation |
| Boston, MA 02115 |
| Children's Five Brookline Place ' LLC - | Real Estate Holdings | t1assachusetts | 0. | 0. | hildren's Hospital "orporation |
| 20-5850117, 300 Longwood Avenue, Boston, **MA**  02115 |
| BCH Washington Street, LLC - 81-4382691  300 Longwood Avenue | Real Estate Holdings | ta:assachusetts | -5,657,956. | 40,136,225. | C'hildren's Hospital "orporation |
| Boston, MA 02115 |

**Part** II **ldentif1cat1on of Related Tax-Exempt Organizations.** Complete 1fthe organization answered "Yes" on Form 990,Part IV, line 34, because 1t had one or more related tax-exempt organizations dunng the tax year

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (a)  Name,address, and EIN of related organization | (b)  Primary act1v1ty | (c)  Legal dom1c1le(state or foreign country) | (d)  Exempt Code section | (e)  Public chanty status(1f section  50i(c)(3)) | (t)  Direct control11ng entity | Section( {2[bX13)  controlled entity? | |
| Yes | No |
| Children's Medical Center Corporation - | ffolds & manages security, eal estate investments  or Children's Hospital | Massachusetts | !L  1501( c)*(* 3) | ine 12c, IIII-FI | 'SI/A |  | X |
| 04-1174680 , 55 Shattuck Street, Boston, MA  02115 |
| Longwood Research Institute, Inc. -  04-2781368, 300 Longwood Avenue, Boston, MA  02115 | Medical & scientific  **research,** holds real estate investments | Massachusetts | !L  l50l( c)(3) | ine 12c, i.II-FI | hildren's Medical Center  -orporation |  | X |
| CHB Properties, Inc. - 04-3323330 | ffolds & manages satellite  ambulatory centers, real estate investments | Massachusetts | pOl(c)(3) !L | ine 10 | -hildren' s  M:edical Center orporation |  | X |
| 300 Longwood Avenue |
| Boston, MA 02115 |
| Physician's Organization at Children's | oord & develop integrated  c:hildhlth care system w/ affil members | Massachusetts | !L  !501( C) ( 3) | ine 12d,  IIII-0 | 'SI/A |  | X |
| Hospital, Inc. - 04-3266103, 300 Longwood  Avenue ' Boston, MA 02115 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R {Form 990) 2018

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I Part I I Contmuat1on of ldent1ficat1on of Disregarded Ent1t1es

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| --- | --- | --- | --- | --- | --- |
| (a)  Name, address, and EIN of disregarded entity | (b)  Pnmary act1v1ty | (c)  Legal dom1c1le (state or foreign country) | (d)  Total income | (e)  End-of-year assets | (f)  Direct controlling entity |
| BCH Pearl Street LLC - 81-7393086 | eal Estate Holdings | Massachusetts | 0. | 9,884,746. | "hildren's Hospital orporation |
| 300 Longwood Avenue |
| Boston, MA 02115 |
| BCH Brookline Ave LLC - 81-4457294  300 Longwood Avenue | eal Estate Holdings | r,Iassachusetts | 156,434. | 4,248,817. | hildren's Hospital norporation |
| Boston, MA 02115 |
| Boston Children's Health International, LLC  - 81-4377341 300 Longwood **Avenue,** Boston,  MA 02115 | tinactive | Massachusetts | 0. | 0. | "hildren's Medical "enter Corp. |
| Children's Westland LLC - 26-2904847  300 Longwood Avenue | P:nactive | assachusetts | D. | 0. | wongwood Research Institute |
| Boston **MA** 02115 |
| BCH 819 Beacon Street LLC - 81-4382691  300 Longwood Avenue | eal Estate Holdings | t1assachusetts | 1,121,863. | 10,609,971. | wongwood Research Institute |
| **Boston,** MA 02115 |
| Children's Waltham Medical Center, LLC - | eal Estate Holdings | assachusetts | 0. | 0. | Children's Medical enter Corp. |
| 20-2076874, 300 Longwood Avenue, Boston, MA  02115 |
| Boston Children's Health Accountable Care, | !\.ccountable Care | assachusetts | 18,624,963. | 13,313,733. | hildren's Hospital orporation |
| LLC - 30-0991601 , 300 Longwood Avenue,  Boston, MA 02115 |
| BCD Hospital Energy Collaborative, LLC -  82-1711826, 300 Longwood Avenue, Boston, MA | ffospital Energy | t1assachusetts | D. | 0. | Children's Hospital "orporation |
| 02115 |
| Boston Children's Health Physicians, LLJ? - | ffealthcare | ew York | 156,732,549. | 65,771,311. | Children's Medical Center Corp. |
| 13-3956599 300 Longwood **Avenue,** Boston **MA** |
| 02115 |
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04-01-18

I Part IiI Continuation of Identification of Related Tax-Exempt Organizations

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| --- | --- | --- | --- | --- | --- | --- | --- |
| (a)  Name, address, and EIN of related organization | (b)  Pnmary act1v1ty | (c)  Legal dom1c1le (state or foreign country) | (d)  Exempt Code section | (e)  Public chanty status (1f section 501(c)(3)) | {f)  Direct controlling entity | Sect1on( {2(bX13) controlled **organization?** | |
| Yes | No |
| New England Congenital Cardiology Research  Foundation - 80-0368043, 300 Longwood | rrmprove patient safety & uality for children w/  1:J.eart disease | M:assachusetts | ::,01( c) ( 3) | iuine 7 | l:children's  ospital orporation | X |  |
| **Avenue,** Boston, MA 02115 |
| Children's Hospital League Corporation - | IFundraising | M:assachusetts | 501(c)(3) | ine 7 | thildren's aospital  :Corporation | X |  |
| 04-2780811, 300 Longwood Avenue Boston, MA  02115 |
| Blood Research Institute Inc. - 04-3136318 | Pwning & Leasing Real  !Estate | M:assachusetts | 'S01(c)(3) | ine 12c, rrrr-FI | hildren's M:edical Center  orporation |  | X |
| 300 Longwood Avenue |
| Boston MA 02115 |
| Beth Israel Hospital and Children's Hospital | !Pediatric Health Care,  !Education & Research | M:assachusetts | 501(c)(3) | ine 12b, II | 'Sr/A |  | X |
| Medical Corporation - 04-320011, 300 |
| Longwood Avenue, Boston, MA 02115 |
| Dana-Farber/Children's Hospital Cancer **Care,**  Inc. - 04-3554536, 450 Brookline Avenue, | !Joint program in pediatric ncology | M:assachusetts | 501(c)(3) | ine 12b, II | 'Sr/A |  | X |
| BP418, Boston, MA 02215 |
| New England Life Flight, Inc. - 22-2582060 | tritical Care Transport | M:assachusetts | 501(c)(3) | ine 12b, II | 'IJ/A |  | X |
| Hangar 1727 Hanscom AFB |
| Bedford, MA 01730 |
| Longwood Medical Energy Collaborative Inc. | !Energy Related Initiatives | M:assachusetts | ti01(c)( 3) | !Line 12a I | 'Sr/A |  | X |
| - 04-3476764, 160 Longwood **Avenue,** Boston, |
| MA 02115 |
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Part Ill **ldentif1cat1on of Related Orgamzat1ons Taxable as a Partnership.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 34, because 1t had one or more related organizations treated as a partnership during the tax year

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (a)  Name, address, and EIN of related organization | (b)  Primary act1v1ty | (c)  Legal **domic1le** (state or foreign country) | (d)  Direct controlling entity | (e)  Predominant income (related, unrelated, excluded from tax under sections 5i2-5i4) | (f)  Share of total income | (g)  Share of end-of-year assets | (h)  D1sproport10nate allocat1ons? | | (1)  CodeV-UBI amount 1n box  20 of Schedule  K-i (Form i065) | (J)  General or managing *partner?* | | (kl  Percentage ownership |
| Yes | No | !Ye | No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete 1f the organization answered "Yes" on Form 990, Part IV, hne 34, because 1t had one or more related organizations treated as a corporation or trust during the tax year

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (a)  Name, address, and EIN of related organ1zat1on | (b)  Pnmary act1v1ty | (c)  Legal dom1cde (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 | (1)  Section  512(bX13)  controlled  entity? | |
| Yes | No |
|  |  |  |  |  |  |  |  |  |  |
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**Part V Transactions With Related Orgamzat1ons.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

|  |  |  |  |
| --- | --- | --- | --- |
| **Note.** Complete line 1 1f any entity 1s listed 1n Parts II, Ill, or **IV** 0fth1s schedule | | Yes | No |
| **1** Dunng the tax year, did the organization engage 1n any of the following transactions with one or more related organizations listed 1n Parts IJ-IV?   1. Receipt of (i) interest, **(u)** annu1t1es, (iii) royalties, or **(1v)** rent from a controlled entity 2. Gift, grant, or capital contnbut1on to related organ1zat1on(s)   **C** Gift, grant, or capital contnbut1on from related organ1zat1on(s)   1. Loans or loan guarantees to or for related organizat1on(s) 2. Loans or loan guarantees by related orgarnzat1on(s) 3. D1v1dends from related orgarnzat1on(s) 4. Sale of assets to related orgarnzation(s) 5. Purchase of assets from related organ1zat1on(s) 6. Exchange of assets with related orgarnzat1on(s)   **J** Lease of fac1l1t1es, equipment, or other assets to related organizat1on(s)  **k** Lease of fac11it1es, equipment, or other assets from related organizat1on(s)  I Performance of services or membership or fundraising sohc1tatlons for related orgarnzat1on(s) m Performance of services or membership or fundra1s1ng sohc1tat1ons by related orgarnzat1on(s) **n** Shanng of fac11it1es, equipment, mailing lists, or other assets with related organ1zat1on(s)  o Shanng of paid employees with related orgarnzat1on(s)   1. Reimbursement paid to related organ1zat1on(s) for expenses 2. Reimbursement paid by related orgarnzat1on(s) for expenses 3. Other transfer of cash or property to related orgarnzat1on(s) 4. Other transfer of cash or property from related orqarnzat1on(s) |  |  |  |
| 1a |  | X |
| 1b |  | X |
| 1c | X |  |
| 1d |  | X |
| 1e | X |  |
| 1f |  | X |
| 1g |  | X |
| 1h |  | X |
| 1i |  | X |
| 1J | X |  |
| 1k | X |  |
| 11 | X |  |
| 1m | X |  |
| 1n |  | X |
| 1o | X |  |
| 1p | X |  |
| 1q | X |  |
| 1r | X |  |
| 1s | X |  |

2 lfthe answer to any of thea bove 1s "Yes, see t he 1nstruct1ons for 1nformat1on on who must complete thIS I1ne, 1nclud1nq covered re at1onsh1ps and transaction threshoIds

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

**Part VI Unrelated Orgamzations Taxable as a Partnership.** Complete 1f the organization answered "Yes" on Form 990, Part JV, line 37

Provide the following 1nformat1on for each entity taxed as a partnership through which the orgarnzat1on conducted more than five percent of ,ts act1v1t1es (measured by total assets or gross revenue) that was not a related orgarnzat1on See 1nstruct1ons regarding exclusion *for* certain investment partnerships

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (a} | (b) | (c) | (d) | (e) | (f) | {g) | (h) | {1) | {j) | {k) |
| Name, address, and EIN | Primary act1v1ty | Legal domicile | Predominant mcome | Are all  partners sec | Share of | Share of | D1spropor- | Code V-UBI | General or | Percentage |

of entity

(state or foreign

(related, unrelated, 501(c) 3)

total

end-of-year

t1onate amount m box 20 **managing** ownership

excluded from tax under L\_

t of Schedule K-1

partner?

'"'---

country)

sections 512-514)

Yes No

income

assets

Yes No

(Form 1065)

Yes NO

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Supplemental Information.

Provide add1t1onal 1nformat1on for responses to questions on Schedule R See instructions

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