

Attachment 6

Factor 6 Materials

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No 1545-1879

For calendar year 2018, or tax year beginning OCT 1, 2018, and ending SEP 30, 2019**2018**Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Children's Hospital Corporation

Employer identification number

04-2774441

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

Check the box for the type of return being filed with Form 8453 EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line 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 -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VII, column (A), line 12)	1b	2,046,728,408
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1 888-353 4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is 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 within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, 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 return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

EVP, CFO & Treasurer
Title**Part III** 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 I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN 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 knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Mike A. Cincotta	<i>M. Cincotta</i>	08/07/2020		P01595811
	Firm's name	Firm's EIN			34-6565596
	Ernst & Young, LLP				
	Firm's address			Phone no.	
	200 Clarendon Street Boston, MA 02116-5072			617-266-2000	

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending SEP 30, 2019

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

C Name of organization: Children's Hospital Corporation
 Doing business as Boston Children's Hospital
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 300 Longwood Avenue
 City or town, state or province, country, and ZIP or foreign postal code: Boston, MA 02115

D Employer identification number: 04-2774441

E Telephone number: 617-355-6000

F Name and address of principal officer: Sandra Fenwick
 same as C above

G Gross receipts \$: 2,321,586,528.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)

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

J Website: www.childrenshospital.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982 **M** State of legal domicile: MA

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities.	<u>Provider of pediatric healthcare, education, research & community service</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14622
	6	Total number of volunteers (estimate if necessary)	6	723
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-5,469,037.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	417,494,538.	415,137,440.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,422,617,116.	1,527,371,090.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,401,872.	44,327,243.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,141,263.	59,892,635.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,019,654,789.	2,046,728,408.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	8,578,746.	11,365,599.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	883,472,221.	928,799,601.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>35,863,926.</u>	1,310,640.	1,378,073.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	908,711,285.	968,474,584.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,802,072,892.	1,910,017,857.
	19	Revenue less expenses Subtract line 18 from line 12	217,581,897.	136,710,551.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	5,982,517,057.	6,333,481,693.
22		Net assets or fund balances. Subtract line 21 from line 20	1,922,917,072.	2,123,101,198.
			4,059,599,985.	4,210,380,495.

Part II Signature Block

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

Sign Here: Signature of officer Doug Vanderslice Date 8/11/20
 Doug Vanderslice, EVP, CFO & Treasurer
 Type or print name and title

Paid Preparer: Print/Type preparer's name Mike A Cincotta Preparer's signature Mike Cincotta Date 08/07/2020 Check ☐ PTIN P01595811
 Firm's name Ernst & Young, LLP Firm's EIN 34-6565596
 Firm's address 200 Clarendon Street Phone no 617-266-2000
Boston, MA 02116-5072

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 application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No 1545-0047

Electronic filing (e-file). 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 instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits

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 filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions Children's Hospital Corporation	Taxpayer identification number (TIN) 04-2774441
	Number, street, and room or suite no. If a P.O. box, see instructions 300 Longwood Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Boston, MA 02115	

Enter the Return Code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is 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 (individual)	03	Form 4720 (other than individual)	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 organization 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 organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for

1 I request an automatic 6-month extension of time until August 17, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year 20 or

► ☒ tax year beginning October 1, 20 18, and ending September 30, 20 19

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return

☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	N/A
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	N/A
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if 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 instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X

1	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
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code _____) (Expenses \$ 1,235,635,575. including grants of \$ 11,365,599.) (Revenue \$ 1,505,413,240.) 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 \$ 334,680,695. including grants of \$ 0.) (Revenue \$ 0.) RESEARCH: Boston Children's is dedicated to enhancing the wellbeing of children and families by leading research and innovation around child health issues, and by seeking new approaches to the prevention, diagnosis and treatment of childhood and adult diseases. 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 \$ 42,726,096. including grants of \$ 0.) (Revenue \$ 21,581,499.) 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 (Describe in Schedule O) (Expenses \$ 7,857,862. including grants of \$ 0.) (Revenue \$ 0.)
4e	Total program service expenses 1,620,900,228.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 14622		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a X
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h N/A	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	N/A	8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	N/A	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	N/A	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand		13b	
		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15 X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16	X

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

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

☒
Section A. Governing Body and Management

	1a	1b	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 in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16			
b Enter the number of voting members included in line 1a, above, who are independent		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **Doug Vanderslice - 617-355-6000**
300 Longwood Avenue, Boston, MA 02115

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Douglas Berthiaume Director - Chairman	5.00 5.00	X						0.	0.	0.
(2) Allan Bufferd Director	1.00 1.00	X						0.	0.	0.
(3) Winston Henderson Director	1.00 1.00	X						0.	0.	0.
(4) Stephen Karp Director	1.00 1.00	X						0.	0.	0.
(5) Steven Krichmar Director	1.00 1.00	X						0.	0.	0.
(6) Robert Langer Director	1.00 1.00	X						0.	0.	0.
(7) Harvey Lodish, PhD Director	1.00 1.00	X						0.	0.	0.
(8) Gary Loveman Director	1.00 1.00	X						0.	0.	0.
(9) Ralph C. Martin Director	1.00 1.00	X						0.	0.	0.
(10) Thomas Melendez Director	1.00 1.00	X						0.	0.	0.
(11) Kathleen Regan Director	1.00 1.00	X						0.	0.	0.
(12) Robert A. Smith Director - Vice Chair	2.00 2.00	X						0.	0.	0.
(13) Alison Taunton-Rigby, PhD Director	1.00 1.00	X						0.	0.	0.
(14) Marc B. Wolpow Director	1.00 1.00	X						0.	0.	0.
(15) Sandra Fenwick CEO, Noncomp Director	55.00 6.00	X		X				2,606,425.	0.	77,051.
(16) Kevin Churchwell, MD President & COO/Noncomp Director	55.00 5.00	X		X				1,543,129.	0.	75,817.
(17) Doug Vanderslice EVP, Treasurer & CFO	55.00 7.00			X				1,513,352.	0.	55,817.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Bruce Balter Asst Treasurer/Dir Corp Finance	55.00 5.00			X				267,629.	0.	50,653.
(19) Michele Garvin, Esq. General Counsel & Secretary	55.00 6.00			X				909,793.	0.	47,262.
(20) Dionne Mottley Asst Sec/Exec Asst	55.00 5.00			X				60,077.	0.	7,456.
(21) Laura J. Wood, DNP, MS, RN CNO/Noncomp Director	55.00 5.00				X			619,506.	0.	46,840.
(22) Demosthenes Argyis SVP, & Chief Administrative Officer	55.00 5.00				X			687,652.	0.	44,700.
(23) August Cervini VP, Research Administration	55.00 5.00				X			400,518.	0.	42,029.
(24) Michael Gillespie VP, Clinical Services	55.00 5.00				X			492,436.	0.	36,069.
(25) Cynthia Haines SVP, International Services	55.00 5.00				X			627,094.	0.	48,357.
(26) Patricia Hickey, PhD, MBA, RN, VP, Cardiovascular Services	55.00 5.00				X			394,938.	0.	39,897.
1b Sub-total								10,122,549.	0.	571,948.
c Total from continuation sheets to Part VII, Section A								7,188,579.	0.	381,316.
d Total (add lines 1b and 1c)								17,311,128.	0.	953,264.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2,333**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Suffolk Construction 65 Allerton Street, Boston, MA 02119	Construction Services	139,503,168.
The Brigham and Women's Hospital 75 Francis Street, Boston, MA 02115	Healthcare/Research Services	28,978,007.
Shepley Bulfinch Two Seaport Lane, Boston, MA 02210	Architectural Services	12,780,774.
VPNE Parking Solutions 343 Congress Street, Boston, MA 02210	Parking Services	8,111,991.
PricewaterhouseCoopers LLP P.O. Box 7247-8001, Philadelphia, PA 19170	Consulting Services	7,724,481.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **277**

See Part VII, Section A Continuation sheets

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Lisa Hogarty SVP, RE Planning and Development	55.00 5.00				X			600,433.	0.	48,268
(28) Daniel Nigrin, MD SVP & Chief Information Officer	55.00 5.00				X			640,764.	0.	40,877
(29) Philip Rotner Chief Investment Officer	55.00 5.00				X			1,430,107.	0.	62,807
(30) Wendy Warring SVP, Network Development	55.00 5.00				X			678,867.	0.	45,057
(31) Nader Rifai, PhD Director, Chemistry	55.00 0.00					X		684,753.	0.	42,902
(32) Lynn Susman President, Children's Hospital Trust	55.00 0.00					X		631,673.	0.	58,082
(33) Reginald Stover VP, Human Resources	55.00 0.00					X		621,874.	0.	22,751
(34) Martin Kelly Director, Investments	55.00 0.00					X		641,298.	0.	39,714
(35) Alison Svizzero Director, Investments	55.00 0.00					X		583,880.	0.	20,858
(36) James Mandell, MD Former CEO	0.00 						X	674,930.	0.	0
Total to Part VII, Section A, line 1c								7,188,579.		381,316

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	37,348.			
	b	Membership dues	1b				
	c	Fundraising events	1c	4,219,036.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	231,488,798.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	179,392,258.			
	g	Noncash contributions included in lines 1a-1f \$		15,183,774.			
	h	Total. Add lines 1a-1f		415,137,440.			
Program Service Revenue				Business Code			
	2 a	Patient Svc Revenue	621110	1,434,737,224.	1,434,737,224.		
	b	Prog Svc Grants	621110	52,905,804.	52,905,804.		
	c	Graduate Medical Educa	611710	21,581,499.	21,581,499.		
	d	Prof Svc Revenue	621110	17,770,212.	17,770,212.		
	e	Lab Revenue	621500	376,351.		376,351.	
	g	Total. Add lines 2a-2f		1,527,371,090.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,336,616.		-352,577.	10,689,193.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		8,354,266.			8,354,266.
	6 a	Gross rents	(i) Real (ii) Personal	15,100,941.			
	b	Less: rental expenses		8,459,072.			
	c	Rental income or (loss)		6,641,869.			
	d	Net rental income or (loss)		6,641,869.		-5,670,876.	12,312,745.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	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.
	8 a	Gross income from fundraising events (not including \$ 4,219,036. of contributions reported on line 1c) See Part IV, line 18	a	1,885,820.			
	b	Less: direct expenses	b	1,977,376.			
	c	Net income or (loss) from fundraising events		-91,556.			-91,556.
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue				Business Code			
11 a	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.	
e	Total. Add lines 11a-11d		44,988,056.				
12	Total revenue. See instructions		2,046,728,408.	1,526,994,739.	-5,469,037.	110,065,266.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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 individuals See Part IV, line 22	1,392,514.	1,392,514.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,241,675.		14,241,675.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	740,588,925.	581,410,652.	141,500,723.	17,677,550.
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.
10 Payroll taxes	69,490,122.	66,835,274.	428,255.	2,226,593.
11 Fees for services (non-employees)				
a Management	7,615,654.	2,254,591.	5,361,063.	
b Legal	3,917,196.	1,520,256.	2,396,940.	
c Accounting	1,770,096.	693,038.	1,074,608.	2,450.
d Lobbying	107,669.	107,669.		
e Professional fundraising services See Part IV, line 17	1,378,073.			1,378,073.
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	279,539,505.	237,750,422.	41,035,477.	753,606.
12 Advertising and promotion	2,142,100.	1,861,730.	264,526.	15,844.
13 Office expenses	41,667,273.	18,230,446.	15,852,021.	7,584,806.
14 Information technology	38,886,347.	12,772,679.	25,544,371.	569,297.
15 Royalties				
16 Occupancy	108,479,940.	107,009,241.		1,470,699.
17 Travel	6,975,275.	5,502,471.	1,350,723.	122,081.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,266,446.	1,185,690.		80,756.
20 Interest	36,045,670.	35,566,224.	479,446.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	120,863,104.	119,923,521.		939,583.
23 Insurance	8,155,701.	5,925,759.	2,229,942.	
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.	
b Uncollectible Accts	34,188,976.	34,188,976.		
c Uncompensated Care	10,336,281.	10,336,281.		
d Free Care	8,511,465.	8,511,465.		
e 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 if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

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

Form **990** (2018)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

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

Part XII Financial Statements and Reporting

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

☐

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	307,902,601.	342,539,011.	444,270,077.	417,494,538.	415,137,440.	1927343667.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	307,902,601.	342,539,011.	444,270,077.	417,494,538.	415,137,440.	1927343667.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						35,557,274.
6 Public support. Subtract line 5 from line 4						1891786393.

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	85.24 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	84.57 %

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

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

b **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

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

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in 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 Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2 Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions 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

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

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 for the latest information.

OMB No 1545-0047

2018

Name of the organization

Employer identification number

Children's Hospital Corporation

04-2774441

Organization type (check one)

Filers of.

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is 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 instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing 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)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

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

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

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div>██</div> <div>████████████████████</div> <div>████████████████</div>	\$ 14,479,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	<div>████████████████████████████████████</div> <div>██████████</div> <div>████████████████████</div>	\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	<div>████████████████████████████████████</div> <div>████████████████</div> <div>████████████████</div>	\$ 14,698,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	<div>██████████</div> <div>████████████████████</div> <div>████████████████</div>	\$ 15,090,973.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

04-2774441

[illegible]

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

Part III Exclusively religious, charitable, etc., contributions 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 line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ► \$ _____
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

Children's Hospital Corporation

Employer identification number

04-2774441

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

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

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns:			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		158,793.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		120,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		532,451.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			811,244.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

Part IV Supplemental Information (continued)

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 Supplemental Information (continued)

-

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

Part IV Supplemental Information (continued)

-

Nick Manetto

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Children's Hospital Corporation

Employer identification number

04-2774441

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,162,157,000.	1,134,782,000.	1,007,240,000.	939,779,000.	976,027,000.
b Contributions	21,654,000.	-461,000.	11,924,000.	33,474,000.	26,449,000.
c Net investment earnings, gains, and losses	7,419,000.	32,789,000.	152,501,000.	77,339,000.	-22,205,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	19,871,000.	4,953,000.	36,883,000.	43,352,000.	40,492,000.
f Administrative expenses					
g End of year balance	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 1g, column (a)) held as

- a Board designated or quasi-endowment ☐ 57.21 %
 b Permanent endowment ☐ 20.33 %
 c Temporarily restricted endowment ☐ 22.46 %

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,619,348.		12,619,348.
b Buildings		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 through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				1,366,902,736.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(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. (B) line 12.)	1,124,465,251.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Interest in the Net Assets of Children's Medical Center	2,829,792,591.
(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. (B) line 15.)	2,943,357,342.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Estimated Final Settlement Due to Third Party	
(3) Payors & 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) line 25.)	444,575,379.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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.

Part XIII	Supplemental Information <i>(continued)</i>
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Part XIII Supplemental Information (continued)**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Baupost	67,533,548.	FMV
Brookside Capital	74,256.	FMV
Commure, 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

Part XIII Supplemental Information (continued)**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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

Part XIII Supplemental Information (continued)**Part VII** Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018Open to Public
Inspection

Name of the organization

Employer identification number

Children's Hospital Corporation

04-2774441

Part I **General Information on Activities Outside the United States.** Complete if the 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' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America & the Caribbean	0	0	Program Services	Patient Care, Research & Education	49,653.
East Asia & The Pacific	0	0	Program Services	Patient Care, Research & Education	225,203.
Europe	0	0	Program Services	Patient Care, Research & Education	403,728.
Middle East and North Africa -	0	0	Program Services	Patient Care, Research & Education	82,598.
North America	0	0	Program Services	Patient Care, Research & Education	142,135.
South America	0	0	Program Services	Patient Care, Research & Education	76,974.
South Asia	0	0	Program Services	Patient Care, Research & Education	155,364.
Sub-Saharan Africa	0	0	Program Services	Patient Care, Research & Education	193,268.
3 a Subtotal	0	0			1,328,923.
b Total from continuation sheets to Part I	0	0			475,280,923.
c Totals (add lines 3a and 3b)	0	0			476,609,846.

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

Schedule F (Form 990) 2018

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (I e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America & the Caribbean	0	0	Investment		419,705,269.
Sub-Saharan Africa	0	0	Investment		42,897,076.
Europe	0	0	Investment		12,678,578.
Totals ▶					475,280,923.

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

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

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

3 Enter total number of other organizations or entities



Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

Part V Supplemental Information

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

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

Part V Supplemental Information

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

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Children's Hospital Corporation

Employer identification number

04-2774441

Part I

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Chapman, Cubine, Adams & Hussey - 2000 15th Street	Direct Mail Counsel		X	897,942.	501,974.	395,968.
Charity Dynamics LLC - 4031 Guadalupe Street, Austin, TX	Online Counsel		X	648,126.	468,638.	179,489.
Sarah Gardner - 13 Smokey Hill Rd., Wayland, MA 01778	Fundraising Counsel		X	580,900.	81,250.	499,650.
Bentz Whaley Flessner - 7251 Ohms Lane, Minneapolis, MN	Counsel/Reports		X	0.	106,026.	-106,026.
Connelly Partners LLC - 46 Waltham Street, Boston, MA	Fundraising Counsel		X	0.	80,456.	-80,456.
Advisor Solutions, Inc. - 1333 Butterfield Road, Suite	Fundraising 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 Miree & 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.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		Dinner/Auction (event type)	Investment Conference (event type)	4 (total number)	
Revenue	1 Gross receipts	2,946,101.	1,203,500.	1,955,255.	6,104,856.
	2 Less Contributions	2,108,386.	895,375.	1,215,275.	4,219,036.
	3 Gross income (line 1 minus line 2)	837,715.	308,125.	739,980.	1,885,820.
Direct Expenses	4 Cash prizes	0.	0.	0.	
	5 Noncash prizes	0.	0.	0.	
	6 Rent/facility costs	0.	45,000.	41,500.	86,500.
	7 Food and beverages	277,426.	99,474.	174,392.	551,292.
	8 Entertainment	0.	0.	13,290.	13,290.
	9 Other direct expenses	687,252.	134,493.	504,549.	1,326,294.
	10 Direct expense summary Add lines 4 through 9 in column (d)				1,977,376.
	11 Net income summary Subtract line 10 from line 3, column (d)				-91,556.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Doug Vanderslice, CFO & Treasurer

Address ▶ 300 Longwood Avenue - Boston, MA 02115

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

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: 5965 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

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Children's Hospital Corporation

Employer identification number

04-2774441

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?		
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care		
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			31,096,136.	19,664,813.	11,431,323.	.61%
b Medicaid (from Worksheet 3, column a)			397,744,105.	263,471,642.	134,272,463.	7.16%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			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)			6,131,908.	236,673.	5,895,235.	.31%
f Health professions education (from Worksheet 5)			42,726,096.	6,797,851.	35,928,245.	1.92%
g Subsidized health services (from Worksheet 6)			29,418,270.	26,159,216.	3,259,054.	.17%
h Research (from Worksheet 7)			423,047,752.	403,786,293.	19,261,459.	1.03%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,725,954.		1,725,954.	.09%
j Total. Other Benefits			503,049,980.	436,980,033.	66,069,947.	3.52%
k Total. Add lines 7d and 7j			931,890,221.	720,116,488.	211,773,733.	11.29%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group Boston Children's HospitalLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply).		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.childrenshospital.org</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url) <u>childrenshospital.org/about-us/community-mission/community-needs-assessment</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
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 is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group Boston Children's Hospital

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply).		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.childrenshospital.org/financialassistance</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group Boston Children's Hospital

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	x	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		x
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	x	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group Boston Children's Hospital

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		X
24		X

Schedule H (Form 990) 2018

Part V Facility Information (continued)

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

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

Part V Facility Information (continued)

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

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 Facility Information (continued)

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

social needs identified in a comprehensive community health assessment

process through our clinical care, services and programs and in

collaboration with community partners. Below is a summary of the needs

identified and Boston Children's efforts. For the complete Community

Health and Benefits Plan, visit bostonchildrens.org/community.

Behavioral health and issues related to substance abuse

- Offering training and education for school and health center staff

- Providing education and direct services in schools and community health

locations for children and families

- Advocating for changes to improve systems of 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

Part V Facility Information (continued)

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

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

Part V Facility Information (continued)

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

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

Boston Children's Hospital

Part V, line 16c, FAP Plain Language Summary website:

Part V Facility Information (continued)

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

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 assistance:

- Posting of signage in all patient care admission areas of the

availability of financial assistance,

- 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.

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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 and Children's web site,

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

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>.

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

Part VI Supplemental Information (Continuation)

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:

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

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 (Continuation)

Part VI, Line 4:

Boston Children's conducted a community health needs assessment to ensure that it was addressing the most pressing health concerns across Boston and its four priority neighborhoods- Roxbury, Mission Hill, Fenway and Jamaica Plain.

FINDINGS:

The residents of Boston Children's priority neighborhoods are ethnically and linguistically diverse, with wide variations in socioeconomic levels. Minority and low-income residents are disproportionately affected by the social and economic context in which they live.

Demographic Characteristics. Residents and stakeholders commented on the variety of cultures represented in the communities served by Boston Children's. Quantitative data illustrate that racial and ethnic diversity varies across Boston Children's priority neighborhoods and citywide.

While the majority of residents in Roxbury/Mission Hill self-identify as Black (60.9%), Fenway and Jamaica Plain have a larger proportion of White residents (70.2% and 62.0%, respectively) compared to the city (53.9%).

Poverty, Income, and Employment: Economic data demonstrate that among the priority neighborhoods, a greater proportion of families in Roxbury/Mission Hill (31.0%) were living in poverty compared to families citywide (16.0%). Additionally, nearly half of female headed households with children under five years of age in Boston were living in poverty (46.7%).

Education: Quantitative data show that educational attainment across the priority neighborhoods ranges from 71.0% of Fenway residents with a

Part VI Supplemental Information (Continuation)

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 Tracts 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

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

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

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.

MA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Children's Hospital Corporation

Employer identification number

04-2774441

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Health Resources In Action 622 Washington Street Dorchester, MA 02124	04-2229839	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 Health Center
Community Catalyst, Inc. 30 Winter Street, 10th Floor Boston, MA 02108	04-3355127	501(c)(3)	30,000.	0.			Advocacy Support
The Dimock Center 55 Dimock Street Roxbury, MA 02119	04-3487835	501(c)(3)	205,000.	0.			Community Partnership
Fenway Community Development Corporation - 73 Hemenway Street - Boston, MA 02115	04-2666507	501(c)(3)	40,000.	0.			Community Partnership

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

93.

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

4.

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

Schedule I (Form 990) (2018)

Part II 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 if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project RIGHT 320 A Blue Hill Avenue Dorchester, MA 02121	04-3265420	501(c)(3)	75,000.	0.			Advocacy Support
Mattapan Community Health Center 1425 Blue Hill Ave Mattapan, MA 02426	04-2544151	501(c)(3)	82,500.	0.			Support of the Community Health Center
Sociedad Latina, Inc. 1530 Tremont Street Roxbury, MA 02120	04-2678255	501(c)(3)	60,000.	0.			Community Partnership
South Cove Community Health Center, Inc. - 145 South Street - Boston, MA 02111	04-2501818	501(c)(3)	85,000.	0.			Support of the Community Health Center
South End Community Health Center Inc. - 1601 Washington Street - Boston, MA 02118	04-2456134	501(c)(3)	85,000.	0.			Support of the Community Health Center
Upham's Corner Community Center Inc. - 500 Columbia Road - Dorchester, MA 02125	04-2708670	501(c)(3)	80,000.	0.			Support of the Community Health Center
Whittier Street Health Center Committee Inc. - 1125 Tremont Street - Roxbury, MA 02120	04-2619517	501(c)(3)	23,750.	0.			Support of the Community Health Center
Nurtury, Inc. 95 Berkeley Street, Suite 306 Boston, MA 02116	04-2105893	501(c)(3)	2,500.	0.			Community Partnership
Massachusetts League of Community Health Centers - 40 Court Street, 10th Floor - Boston, MA 02108	04-2507409	501(c)(3)	5,000.	0.			Community Partnership

Schedule I (Form 990)

Part II 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 if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The 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 - Boston, MA 02130	04-2103596	501(c)(3)	380,432.	0.			Advocacy Support
Greater Boston Chamber of Commerce 265 Franklin Street, 12th Floor Boston, MA 02110	04-1103090	501(c)(3)	10,000.	0.			Community Partnership
Massachusetts Communities Action Network - 50 Mt. Vernon Street - Boston, MA 02125	04-2863903	501(c)(3)	2,500.	0.			Community Partnership
Center for Comm. Health Education Research & Service, Inc. - 320 Huntington Avenue - Boston, MA 02115	04-3286409	501(c)(3)	149,938.	0.			Community Partnership
Express Yourself, Inc. 6 Ellis Street Peabody, MA 01960	04-3294365	501(c)(3)	2,500.	0.			Community Partnership

Schedule I (Form 990)

Part II 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 if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Breakthrough Greater Boston PO Box 381486 Cambridge, MA 02238	04-3307783	501(c)(3)	2,500.	0.			Community Partnership
NAACP Boston 30 Martin Luther King Boulevard Roxbury, MA 02119	04-3574060	501(c)(3)	5,500.	0.			Massachusetts Voter Education
Boston Municipal Research Bureau 333 Washington Street Boston, MA 02108	22-2673755	501(c)(3)	7,500.	0.			Community Partnership
Mission Hill Neighborhood Housing Services - 1620 Tremont Street - Mission Hill, MA 02120	23-7428011	501(c)(3)	1,000.	0.			Community Partnership
Black Ministerial Alliance of Greater Boston - 2010 Columbus Avenue - Boston, MA 02119	04-3499852	501(c)(3)	2,500.	0.			Community Partnership
Brigham and Women's Hospital, Inc. 3297 Washington Street Jamaica Plain, MA 02130	04-2312909	501(c)(3)	160,000.	0.			Support of Community Health Center
City of Boston City Hall Plaza Boston, MA 02201	04-6001380	115	1,416,439.	0.			Community Partnership
Charles River Community Health, Inc. - 287 Western Avenue - Allston, MA 02134	23-7221597	501(c)(3)	130,000.	0.			Support of Community Health Center
Massachusetts Budget and Policy Center - 15 Court Square, Suite 700 - Boston, MA 02108	04-2967537	501(c)(3)	30,000.	0.			Advocacy Support

Schedule I (Form 990)

Part II 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 if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Metropolitan Boston Housing Project - 125 Lincoln Street, 3rd Floor - Boston, MA 02111	04-2775991	501(c)(3)	22,500.	0.			Community Partnership
Urban Edge 1542 Columbus Avenue, Suite 2 Roxbury, MA 02119	22-2483475	501(c)(3)	1,000.	0.			Community Partnership
Massachusetts Association for Mental Health - 50 Federal Street, 6th Floor - Boston, MA 02110	04-2104711	501(c)(3)	5,000.	0.			Advocacy Support
Massachusetts Health Council 200 Reservoir Road, Suite 101 Needham, MA 02494	04-2296739	501(c)(3)	5,000.	0.			Community Partnership
Boston Center for Youth and Families - 75 Newbury Street, 3rd Floor - Boston, MA 02116	04-2602576	501(c)(3)	152,352.	0.			Community Partnership
City Life/Vida Urbana PO Box 300107 Boston, MA 02130	04-2660311	501(c)(3)	150,000.	0.			Community Partnership
Mission Hill Little League PO Box 02120 Roxbury, MA 02120	04-3415069	501(c)(3)	2,000.	0.			Community Partnership
Family Nurturing Center of Massachusetts - 200 Bowdoin Street - Dorchester, MA 02122	31-1626186	501(c)(3)	240,881.	0.			Community Partnership
Family Independence Initiative 1201 Martin Luther King Jr. Way, S Oakland, CA 94612	02-0784790	501(c)(3)	104,500.	0.			Community Partnership

Schedule I (Form 990)

Part II 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 if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friends of the Children 555 Armory Street Boston, MA 02130	20-1581289	501(c)(3)	2,500.	0.			Community Partnership
Waltham Boys & Girls Club 20 Exchange Street Waltham, MA 02451	04-2103927	501(c)(3)	50,000.	0.			Community Partnership
Boston Children's Museum 308 Congress Street Boston, MA 02210	04-2103993	501(c)(3)	105,414.	0.			Community Partnership
Third Sector New England, Inc. 89 South Street, Suite 700 Boston, MA 02110	04-2261109	501(c)(3)	261,878.	0.			Community Partnership
The Community Builders, Inc. 185 Dartmouth Street Boston, MA 02116	04-2324773	501(c)(3)	283,849.	0.			Community Partnership
United Way of Massachusetts Bay, Inc - 51 Sleeper Street - Boston, MA 02210	04-2382233	501(c)(3)	99,798.	0.			Community Partnership
Haley House, Inc. 23 Dartmouth Street Boston, MA 02116	04-2437845	501(c)(3)	100,000.	0.			Community Partnership
Massachusetts Housing Finance Agency - One Beacon Street - Boston, MA 02108	04-2443980	115	75,000.	0.			Community Partnership
Youth Enrichment Services, Inc. 412 Massachusetts Avenue Boston, MA 02118	04-2509466	501(c)(3)	50,000.	0.			Community Partnership

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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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	501(c)(3)	180,000.	0.			Community Partnership & Advocacy Support
Urban College of Boston 2 Boylston Street, 2nd Floor Boston, MA 02116	04-3403049	501(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	501(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 990)

Part II 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 if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Commonwheels, Inc. 59 Aldie Street, #1 Allston, MA 02134	45-4645136	501(c)(3)	49,530.	0.			Community Partnership
Fresh Truck, Inc. 69 Shirley Street Boston, MA 02119	46-2848535	501(c)(3)	1,000.	0.			Community Partnership
Raising a Reader Massachusetts 3 School Street, 3rd Floor Boston, MA 02108	80-0297898	501(c)(3)	146,000.	0.			Community Partnership
Playworks Education Energized 380 Washington Sreet Oakland, CA 94607	94-3251867	501(c)(3)	50,000.	0.			Community Partnership
Massachusetts Law Reform Institute, Inc. - 99 Chauncy Street Suite 500 - Boston, MA 02111	04-6004303	501(c)(3)	15,000.	0.			Advocacy Support
Dudley Street Neighborhood Initiative, Inc. - 550 Dudley Street - Roxbury, MA 02119	04-2859066	501(c)(3)	150,000.	0.			Community Partnership
Dot House Health 1353 Dorchester Avenue Dorchester, MA 02122	23-7125970	501(c)(3)	150,000.	0.			Community Partnership
Spontaneous Celebrations, Inc. 45 Danforth Street Jamaica Plain, MA 02130	01-3253364	501(c)(3)	10,000.	0.			Community 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)

Part II 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 if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	501(c)(3)	85,000.	0.			Community Partnership
Community Music Center of Boston, Inc. - 34 Warren Avenue - Boston, MA 02116	04-2437973	501(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	501(c)(3)	249,998.	0.			Community Partnership
Boston Private Industry Council 2 Oliver Street Boston, MA 02109	04-2676661	501(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)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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Mathematica 955 Massachusetts Avenue, Suite 80 Cambridge, MA 02139	22-2112296	501(c)(3)	278,973.	0.			Community Partnership
BAGLY, Inc. 28 Court Square Boston, MA 02108	04-2785336	501(c)(3)	100,000.	0.			Community Partnership
Children's Services of Roxbury 520 Dudley Street Boston, MA 02119	04-3082352	501(c)(3)	99,999.	0.			Community Partnership
Boston Healthcare for the Homeless Program - 780 Albany Street - Boston, MA 02118	04-3160480	501(c)(3)	18,500.	0.			Community Partnership
UMass Boston Wheatley 2 160 DCSP Boston, MA 02125	04-3167352	501(c)(3)	249,610.	0.			Community Partnership
Foundation for Salem Public Education - 45 Cherry Street - Lynn, MA 01902	04-3276653	501(c)(3)	1,000.	0.			Community Partnership
Families First 9 Galen Street, Suite 400 Watertown, MA 02472	04-3413397	501(c)(3)	3,000.	0.			Community Partnership
Roxbury Presbyterian Church Social Impact Center - 328 Warren Street - Roxbury, MA 02119	04-3506648	501(c)(3)	50,000.	0.			Community Partnership
Fenway High School Fund 67 Alleghany Street Boston, MA 02120	04-6719813	501(c)(3)	20,000.	0.			Community Partnership

Schedule I (Form 990)

Part II 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 if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Madison Park Development Corporation - 184 Dudley Street, #102 - Boston, MA 02119	23-7164223	501(c)(3)	75,000.	0.			Community Partnership
East Boston Neighborhood Health Center - 10 Gove Street - East Boston, MA 02128	23-7425849	501(c)(3)	188,857.	0.			Community Partnership
Youth and Family Enrichment Services - 1613 Blue Hill Avenue, Suite 303 - Mattapan, MA 02126	27-2507783	501(c)(3)	45,868.	0.			Community Partnership
ABCD 178 Tremont Street Boston, MA 02111	04-2304133	501(c)(3)	5,000.	0.			Community Partnership
Girls on the Run Greater Boston 89 South Street, LL00 Boston, MA 02111	46-3532424	501(c)(3)	2,000.	0.			Community Partnership
Fenway Community Center 1282 Boylston Street Boston, MA 02215	47-5582148	501(c)(3)	3,000.	0.			Community Partnership
Rennie Center for Education Research & Policy - 114 State Street - Boston, MA 02109	51-0548106	501(c)(3)	17,500.	0.			Advocacy 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	501(c)(3)	10,000.	0.			Advocacy Support

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
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[illegible]

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Sibylla Orth Young Fund for Student Aid	21	39,000.	0.	FMV	
Nursing Education Scholarship Fund	91	181,900.	0.	FMV	
Joshua T. Shairs Cardiology Fund	3	3,000.	0.	FMV	
Family Resource Center Fund	21	0.	47,146.	FMV	Educational Resources
Yawkey Family Inn Fund	2462	0.	171,634.	FMV	Housing Assistance

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

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.

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Devon Nicole House Operating Fund	1,321.	0.	47,447.	FMV	Housing Assistance
Pet Therapy Program Fund	4,749.	0.	134,792.	Other	Theurapeutic dog visits made to inpatients
Sandra & Geoffrey Fenwick Family Income Fund	96.	0.	928.	FMV	Bereavement programs for families
Extraordinary Needs Fund II	100.	97,573.	0.	FMV	
Volunteer Department Fund	1,000.	0.	10,540.	FMV	Supplies, Catering and Entertainment for Patients and Patient's families.
Broadway Sam Fund	1,331.	0.	39,935.	FMV	Tickets for Art and Entertainment Events
Family Services Fund	2,588.	0.	206,817.	FMV	Greeting Cards and supplies for Adopt a Family Program & wellness supplies and services
Milagros Para las Family Fund	561.	0.	60,327.	FMV	Translation services and program support for spanish speaking families.
Barber Family Endowment Fund	19.	0.	18,534.	FMV	Teen Advisory Committee expenses

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Hale Center for Families Endowment Operating Fund	664.	0.	97,061.	FMV	Child 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 painting activities
Amos's Endowment/Operating Fund	2,577.	0.	5,376.	FMV	Supplies for Center for Families to meet patient family needs, specifically printed materials to inform
Patient Family Housing Fund	85.	182,763.	0.	FMV	Covers 6 apartments for long-term (one to 4 month stays) patient families - rent, furniture, electricity,
Room to Heal Fund	33.	0.	6,899.	FMV	Did You Know lunch series catering, printed materials for family resources (Milagros, hotel information, and CFF
Telemachus and Irene Demoulas Family Foundation Extraordinary Needs Endowment Operating Fund	219.	0.	18,357.	FMV	PACT Hope Program support, comfort sheets for end of life, Keeping Connections event supplies and parking
Alexander Mosse Baer Entertainment Fund	100.	0.	950.	FMV	Sponsored one dog show and four magic shows

Schedule I (Form 990)

Part IV Supplemental Information

The criteria for Children's funding decisions to the requesting organization are based on the following:

1. a non-profit that promotes careers in healthcare or health services and

that Children's has collaborated, or is collaborating, with

2. a non-profit located in and serving Children's target neighborhoods

(Fenway, Mission Hill, Jamaica Plain, Roxbury) that address social

determinants of health and that Children's has collaborated, or is

collaborating, with

3. one of Children's Hospital's affiliated community health centers

4. a citywide non-profit that is a strategic partner in one or more of the

Children's primary community health focus areas (asthma, mental health,

nutrition/fitness, violence prevention) and that Children's has

collaborated, or is collaborating, with

5. a citywide non-profit that is a strategic partner in one or more of

Children's secondary community health focus areas (early intervention,

early childhood/elementary education,) that Children's has collaborated, or

is collaborating, with

6. a business, civic, or advocacy strategic partner that senior management

is actively engaged in

7. meets the IRS and the Massachusetts Attorney General's community support

or community benefit criteria

8. meets the City of Boston eligibility as a "payment in lieu of taxes"

investment

Records and copies of sponsorship requests and the resulting grants are

kept in paper form in the Office of Child Advocacy. All sponsorships

requests are commonly for general operating support. All sponsorship is

Part IV Supplemental Information

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.

Part IV Supplemental Information

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

Part IV 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 resources (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

Schedule I (Form 990)		2013	
Part IV	Supplemental Information		

material.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Children's Hospital Corporation

Employer identification number

04-2774441

Part I Questions Regarding Compensation

	Yes	No
1a Check the 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 III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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 III to explain	1b	X
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7 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 III.	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Sandra Fenwick CEO, Noncomp Director	(i)	1,168,187.	900,000.	538,238.	27,500.	49,551.	2,683,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kevin Churchwell, MD President & COO/Noncomp Director	(i)	782,233.	450,000.	310,896.	22,000.	53,817.	1,618,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Doug Vanderslice EVP, Treasurer & CFO	(i)	710,929.	225,090.	577,333.	22,000.	33,817.	1,569,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Bruce Balter Asst Treasurer/Dir Corp Finance	(i)	235,560.	15,689.	16,380.	32,986.	17,667.	318,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Michele Garvin, Esq. General Counsel & Secretary	(i)	563,935.	232,655.	113,203.	24,750.	22,512.	957,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Laura J. Wood, DNP, MS, RN CNO/Noncomp Director	(i)	437,382.	104,243.	77,881.	22,000.	24,840.	666,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Demosthenes Argys SVP, & Chief Administrative Officer	(i)	487,486.	113,421.	86,745.	24,750.	19,950.	732,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) August Cervini VP, Research Administration	(i)	282,386.	73,505.	44,627.	19,250.	22,779.	442,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Michael Gillespie VP, Clinical Services	(i)	364,515.	66,420.	61,501.	22,000.	14,069.	528,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Cynthia Haines SVP, International Services	(i)	428,591.	119,630.	78,873.	22,000.	26,357.	675,451.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Patricia Hickey, PhD, MBA, RN, VP, Cardiovascular Services	(i)	331,840.	31,044.	32,054.	33,000.	6,897.	434,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Lisa Hogarty SVP, RE Planning and Development	(i)	424,650.	100,553.	75,230.	22,000.	26,268.	648,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Daniel Nigrin, MD SVP & Chief Information Officer	(i)	456,897.	107,010.	76,857.	24,750.	16,127.	681,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Philip Rotner Chief Investment Officer	(i)	660,018.	580,317.	189,772.	22,000.	40,807.	1,492,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Wendy Warring SVP, Network Development	(i)	485,492.	112,545.	80,830.	24,750.	20,307.	723,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Nader Rifai, PhD Director, Chemistry	(i)	461,592.	210,264.	12,897.	30,250.	12,652.	727,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Lynn Susman	(i)	438,562.	115,000.	78,111.	27,500.	30,582.	689,755.	0.
President, Children's Hospital Trust	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Reginald Stover	(i)	386,090.	150,000.	85,784.	0.	22,751.	644,625.	0.
VP, Human Resources	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Martin Kelly	(i)	355,220.	284,467.	1,611.	22,000.	17,714.	681,012.	0.
Director, Investments	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) Alison Svizzero	(i)	325,553.	257,818.	509.	19,250.	1,608.	604,738.	0.
Director, Investments	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) James Mandell, MD	(i)	0.	0.	674,930.	0.	0.	674,930.	0.
Former CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a:

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 1b:

The one reportable listed benefit in line 1a 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 individuals listed below.

Contribution amounts are generally based on a percentage of compensation.

Participants of the supplemental executive retirement plan are fully

vested. All payments with respect to a participant's separation from

service will be made in a single sum following the separation from service

unless participant has elected to receive the accrued interest portion of

his or her account in three annual installments.

Part III Supplemental Information

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

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 III Supplemental Information

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

During Calendar Year 2018, the following individuals received supplemental

executive retirement plan distributions.

James Mandell, received in 2018, a distribution of \$674,930

Supplemental Information on Tax-Exempt Bonds

Entity 1

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.**

2018
Open to Public
Inspection

Name of the organization

Children's Hospital Corporation

Employer identification number

04-2774441

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHEFA, Revenue Bonds Series N	04-2456011	57586EJ8	05/13/10	341,590,000.	Refunded Series G, H, I, J & K		X		X		X
B MDFA, Revenue Bonds Series O	04-3431814	NoneAvail	12/11/13	200,640,000.	Refunded Series L		X		X		X
C MDFA, Revenue Bonds Series P	04-3431814	57583UK31	05/21/14	136,685,000.	New bldg construction, reno. & capital equip		X		X		X
D MDFA, Revenue Bonds Series Q	04-3431814	NoneAvail	07/11/14	50,255,000.	New building construction & renovations		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	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 refunding 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 Working 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	2010		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, if issued prior to 2018, a current refunding issue)?	X		X			X		X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2018

Supplemental Information on Tax-Exempt Bonds

Entity 2

OMB No 1545-0047

2018
Open to Public
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► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Children's Hospital Corporation

Employer identification number

04-2774441

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MDFA, Revenue Bonds Series R	04-3431814	NoneAvail	07/29/14	125,350,000.	Refunded a portion of Series N		X		X		X
B MDFA, Revenue Bonds Series S	04-3431814	NoneAvail	12/19/17	135,215,000.	Refunded Series M		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	125,350,000.		134,703,799.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	125,000,000.							
7 Issuance costs from proceeds	350,000.		511,201.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures 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, if issued prior to 2018, a current refunding issue)?	X			X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X					
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2018

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		.00 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 5		.00 %		.00 %		.00 %		.00 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X	X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		%		%
6 Total of lines 4 and 5		.00 %		.00 %		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b Name of provider	Goldman Sachs Mitsu		Goldmn Sachs/BOA					
c Term of hedge	30.0000000		30.0000000					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b Name of provider	Goldman Sachs Mitsu							
c Term of hedge	30.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2018

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	91	14,958,119.	Mean Value on Gift Date
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	19	4,325.	Mkt Value per Donor
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Travel/Dining)	X	4	155,000.	Mkt Value per Donor
26 Other ▶ (Misc. Other)	X	26	65,830.	Mkt Value per Donor
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

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 organization 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 in column (c) for a type of property for which column (a) is checked, describe in Part II

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Schedule M (Form 990) 2018

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

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Children's Hospital Corporation

Employer identification number
04-2774441

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 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

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

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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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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 11b:

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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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 and 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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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

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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

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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 11g, 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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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.

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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 11g, 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.

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Pension Adjustment -98,688,719.

Other Adjustments 993.

Trans 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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Children's Hospital Corporation

Employer identification number

04-2774441

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Children's One Brookline Place, LLC - 20-5850015, 300 Longwood Avenue, Boston, MA 02115	Real Estate Holdings	Massachusetts	0.	0.	Children's Hospital Corporation
Children's Brookline Place, LLC - 26-1523020 300 Longwood Avenue Boston, MA 02115	Real Estate Holdings	Massachusetts	0.	0.	Children's Hospital Corporation
Children's Five Brookline Place, LLC - 20-5850117, 300 Longwood Avenue, Boston, MA 02115	Real Estate Holdings	Massachusetts	0.	0.	Children's Hospital Corporation
BCH Washington Street, LLC - 81-4382691 300 Longwood Avenue Boston, MA 02115	Real Estate Holdings	Massachusetts	-5,657,956.	40,136,225.	Children's Hospital Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Children's Medical Center Corporation - 04-1174680, 55 Shattuck Street, Boston, MA 02115	Holds & manages security, real estate investments for Children's Hospital	Massachusetts	501(c)(3)	Line 12c, III-FI	N/A		X
Longwood Research Institute, Inc. - 04-2781368, 300 Longwood Avenue, Boston, MA 02115	Medical & scientific research; holds real estate investments	Massachusetts	501(c)(3)	Line 12c, III-FI	Children's Medical Center Corporation		X
CHB Properties, Inc. - 04-3323330 300 Longwood Avenue Boston, MA 02115	Holds & manages satellite ambulatory centers; real estate investments	Massachusetts	501(c)(3)	Line 10	Children's Medical Center Corporation		X
Physician's Organization at Children's Hospital, Inc. - 04-3266103, 300 Longwood Avenue, Boston, MA 02115	Coord & develop integrated childhlth care system w/ affil members	Massachusetts	501(c)(3)	Line 12d, III-O	N/A		X

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

Schedule R (Form 990) 2018

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BCH Pearl Street, LLC - 81-7393086 300 Longwood Avenue Boston, MA 02115	Real Estate Holdings	Massachusetts	0.	9,884,746.	Children's Hospital Corporation
BCH Brookline Ave, LLC - 81-4457294 300 Longwood Avenue Boston, MA 02115					
Boston Children's Health International, LLC - 81-4377341, 300 Longwood Avenue, Boston, MA 02115	Inactive	Massachusetts	0.	0.	Children's Medical Center Corp.
Children's Westland, LLC - 26-2904847 300 Longwood Avenue Boston, MA 02115	Inactive	Massachusetts	0.	0.	Longwood Research Institute
BCH 819 Beacon Street, LLC - 81-4382691 300 Longwood Avenue Boston, MA 02115	Real Estate Holdings	Massachusetts	1,121,863.	10,609,971.	Longwood Research Institute
Children's Waltham Medical Center, LLC - 20-2076874, 300 Longwood Avenue, Boston, MA 02115	Real Estate Holdings	Massachusetts	0.	0.	Children's Medical Center Corp.
Boston Children's Health Accountable Care, LLC - 30-0991601, 300 Longwood Avenue, Boston, MA 02115	Accountable Care	Massachusetts	18,624,963.	13,313,733.	Children's Hospital Corporation
BCD Hospital Energy Collaborative, LLC - 82-1711826, 300 Longwood Avenue, Boston, MA 02115	Hospital Energy	Massachusetts	0.	0.	Children's Hospital Corporation
Boston Children's Health Physicians, LLP - 13-3956599, 300 Longwood Avenue, Boston, MA 02115	Healthcare	New York	156,732,549.	65,771,311.	Children's Medical Center Corp.

Part II Continuation of Identification of Related Tax-Exempt Organizations[illegible]

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j	X	
1k	X	
1l	X	
1m	X	
1n		X
1o	X	
1p	X	
1q	X	
1r	X	
1s	X	

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

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

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

[illegible]

Part VII	Supplemental Information.
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Provide additional information for responses to questions on Schedule R. See instructions.