**Attachment 6**

### Factor 6 Materials

Name of exempt organization

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Fl[lng

0MB No 1545•1ll78

For oalendar year 2018, *or* lax year beginning \_oc\_T\_l , 2018, and end!nq \_s\_EP\_3\_o , 20

fn !rt !iii s,;'ry

**2018**

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and8868

Cbild en'a Hospital Corpo ation

Employer 1dent1f1oat1on number

04-2774441

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

Check the box for the type of return being ffled wtth Form 8453 EO and enter the appl1aab!e amount, If any, from the return. If you check the box on line 1a, 2a, aa, 4a, or Sa below and the amount on that hneof the return being filed with this form was blank, then teave line 1b, 2b, Sb, 4b, or Sb, whichever Is appl!cable, blank (do not enter •0·) If you entered -0· on the return, then enter-o- on the appllcable line below. Do not complete more

than one line In Part I

►

1a Form990checkhere W b Totalrevenue,llany(Form990,PartVlll,cofumn(A),line12) 1b 2,046,'728,408,

►

2a Form 990-EZ oheok here D b Total revenue, li any (Form 990 EZ, line 9) 2b

►

3a Form 1120-POL oheckhere D b Total tax (Form "1120-POL, hne 22) 3b 4a Form 990-PF check here D b Tax based on mvestmentlncome{Form990-PF, Part Vl, line 5) 4b 5a Form 8868 check here D b Ba[anoe due(Form 8868, hne 3c) Sb

►

►

I Part II I Declaration of Officer

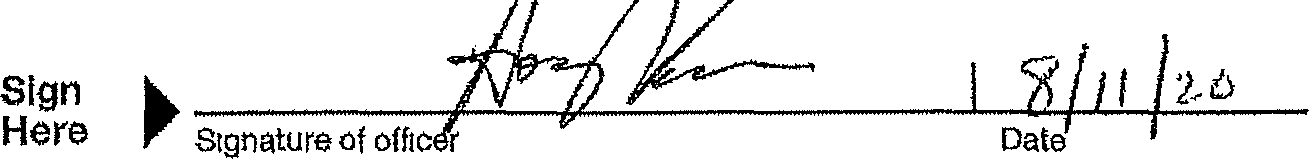
6 LJ I a.uthonze the u,s,Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal *(direct debit)* entry to the fmanoia/ *lnst1tut1on* account mdIoated *In the tax* preparation software for payment of *the* organization's *federal* taxes owed on this return, and the fmanclat Institution to debit the entry to thts account To revol<e a payment, I must contact the U.S.

Treasury Flnanclal Agent at i 888·353 4537 no later than 2 business days prior to the payment (settlement) date I also authonze the f1nanolal

Institutions Involved rn the p-rooessIng of the eleotronI0 payment of taxes to receive oonf1dential Information necessary to answer Inquiries and resolve Issues related to the payment

D If a oopy of this return Is being filed with a state agenoy(les) regulailng 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 specItIcally Idenltf1ed fn Part I above) to the selected state agenoy{les),

Under penalties of per)U!Y, I declare that I am an officer of the above named organlzatlon and that I have examined a copy of the organization's 2018 eleatrornc return and aooompanyIng schedules and ste.tements, and, to ths best of my l<nowledge and belief, they are true, correct, and complete l further declare that the amount in Part I above *is* the amouni shown *on* the copy of the orgarnzatIon's eleotronm return, I consent to allow my intermediate service provider, transm r, or eleotronlc return onglnator (ERO) to send the organization's return to1he IRS and to receive from the IRS

1. an acknowledgement of receipt or ason f eJec on of the transmIssIon, (b) the reason for any delay In processing the return or refund, and (o)

►

the data of any refund 1

EVP, CFO & Treasurer

Tltle

I Part Iii I Deolaratfon of Electronic Return Originator (ERO) and Paid Preparer(see mstruot1ons)

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 1 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 aft forms and information to be ftled wrth the IRS, and have followed all other requirements m Pub 4"163, Modernized e-F!le (Mef) Information for Authorized IRS *e-flff:I* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjuiy I declare that I have examined the above organlzatfon's return and accompanying schedules and statements, and, to the best of my knowledge and behef, they are true, correct, and complete ThlS Paid Preparer

declarat1on Is based on all information of which I have any knowledge

**ERO's** Elll1R1Ona'stws

**Use** Firm's name {or ►

►

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Check 11 I

also paid

preparer D

If sett-

Check I ERO's SSN or f''f!N

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**Only**

youwifeelf-employect),

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address, and ZIP oodo

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Under penaltles of perjury, I declare that I have examtned the above return and accompanying schedules and st1:1temanls, and, to the best of my l<now•

I I I

ledge and beltef, they are true, correct, and complete. Declaration ot preparer Is based on att Information of which the preparer has any knowledge

PrlnVTypa preparar's name IPraparer's signature

Date

Ghacl< If self·

PTIN

**Paid** M1keA. Cincotta ***1/L.&i4/;.*** 08/07/2020 employed D l?O1595811

**Preparer** F1rm'snama ► Ftrm'sEIN ► 34-6565596

**Use *Only*** Brnst & Young, LLP

►

Firm's address 200 Clarendon Street Phone no.

Boston, MA 02116-5072 617-266-2000

s2aos1 11-12-10 LHA F-0r Prlvaoy Mt and Paperwork fladuollon Act Notloe, soe baok of form. Form 8453-EO (2018)

14360715 353314 CH 2018.05020 Children1 s Hospital Corpora CH l

**Return of Organization Exempt From Income Tax**

0MB No 1P46-0047

Form 990 Under seotlon 501(0)1 527, or 4947(a)(1} of the Internal Revenue Code (except pnvate foundattons)  **2018**

oapa,imantofthe Treasury ► Do not enter social security numbers on this form as it may be made public,

lotomru Ravo,we Sorvl"'1 Iii,. Go to [www.lrs.aov/Form990](http://www.lrs.aov/Form990) for lnstruoUons and the latest Information,

Open -to Public

lnspeolron

A For the2018 calendar year, or **tax** year begmnmg oc 1, 2018 and endmg site 30 I

C Name of organization

Children's Hospital Corporation

2019

B Check It

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#### aWl ·

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Dfrgflca•

pending

Doina businoos as Boston Children's Hospital

F Name and address of ptmolpal offlaer.sandra Ferndale same as C above

0 Employer ldentlflcatlon number

04-2174441

Number and street (or P.O. box if mall ls not delivered to street address) I Room/suite

300 uongwood Avenue

E Telephone number

617-355-6000

**G** Gross <ecalpts $ 2,321,586,528,

City or town, sta.te or province, country, and ZIP or foreign postal code Boston, Ml\. 02115

**H(a)** Is this a group return

*for* subordinates? Dves WNo

H(b) At<l all subOldlnates lru)k/de<!?D **Yes** D **No**

I Tax exemot status: l x\_J 50i(o)(3) I J 501(0) ( )◄ (Insert no.) I I 4947(a}{1) or I I 527

If "No,' attach a 11st (see 1nstruct1ons)

J Website►: www,ohildrenshospital,org

H(c) Grouo exemotton number ►

**K** Form oforganlzatmn: Ix J Corporation l J Trust I I Assoa1atlon I I Other► 11.. Yearofforma110n: 1982 I MS1ateoflooaldom1c1le,MA

I **Part J**I **Summaty**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *B*  fij  ***(***I***!J***  **o8**  J!l  I | 1. Briefly describe the organization's mission or most signlficant aatlvltles, Provider of pediatric   healthcare, ►education, research & community service   1. Check this box D 1f the organization discontinued rts operaJ1ons or disposed of more than 25% of Its net assets | | | |
| 1. Number of voting members of the governing body {Part VI, line 1a) 2. Number of Independent *voting* members of the governing body (Part *VI, hne* 1 b)   6 Total number of lndivlduals employed tn calendar year 2018 (Part V, line 2a)  **6** Total number of volunteers (estimate If necessary)  **7a** Total unrelated business 1evenue from Part VIII, column (C), line 12 -  b Net unrelated business taxable income from Form 990-T, line 38 | | **3** | *l.6* |
| 4 | 14 |
| **6** | 14622 |
| **6** | 723 |
| **7a** | -5,469,037, |
| **7b** | o. |
| ii)  **::I**  **C**  ii)  **er:** | e Oontnbuttons and grants (Part **VIII,** line 1h)   1. Prcgrarn service revenue (Part VIII, l111e 2g) 2. Investment Income (Part vm, column (A), Una$ 3, 4, and 7d) 3. other revenue (Part Vlll, column (A}, lines 5, 6d, Sc, 901 i0c, and 11e) 4. Total revenue • add lines 8 throuah 11 {must equal Part VIII, column *(A).* line i 2} | PrtorYear | | **Current Year** |
| .U.7,494,538, | | 415,:l.37 ,-HO, |
| 1,422,617,1:1.6, | | 1,527,371,090, |
| 137,401,872, | | 44,327,243. |
| 42 141 263, | | 59,892,635, |
| 2,019,654,789, | | 2,046,728,408, |
| I/}  fil  *I* | 1. Grants and similar amounts paid (Part IX, column (A), lines '1./3) 2. Benefits paid to or for members (Part IX, column {A}, line 4) 3. Sala.nes, other compensation, employee benel1ts (Part !X, column (A), lmes 5-i0)   **16a** Professlonal fundrals1ngfees {Part IX,column (A), line 11e)  **b** Total fundralsing expenses (Part IX, column (D), line 25} ► 35,863,926,   1. Other expenses (Part IX, column (A), Snes 11a•1id, 11f•24e) 2. Total expenses Add Imes 13-17 (must equal Part JX, column **{A),** line 25) 3. Revenue fess expenses Subtract Una 18 from bne 12 | 8,578,746. | | 11,365,599, |
| o. | | o. |
| 883,47:;l,22:t, | | 928,799, tiOl. |
| 1,310,64.0, | | 3.,378,073, |
| 908,711,205, | | 968,474.,584, |
| 1,802,072,892, | | 1,910,017,857, |
| 217,581,897, | | 136,710,551, |
| 6B  t.,...&-c!  ,,,.c:: | **.20** Total assets (Part X, *Una* 16)   1. Total Ilabilltles {Part X, line 26) 2. Net assets *or* fund balances. Subtract line 21 from line 20 | Beginning of Current Year | | **End of Year** |
| 5,982,517,057, | | 6,333,481,693, |
| 1,922,917,072, | | 2,123,101,198, |
| 4,059,599,985, | | 4 210 380,495, |

I**Part n** I **Signature Block** *JI*

Under penalUes of perjury, I deo la : ;

ave

ls return, Including accompanying schedules and statements, and lo the best of my knowledge and belief, It Is

true, corraot, and complete. Deolar *(J,* nrep1 r t *er* than officer) *Is* based onall Information ofwhloh preparer has any knowledge

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Poug Vandersllce, &VP, CFO

1ype or print nameana title

& 'l'.rea1n,1rer

PrlnVType preparer's name

!>ald :l.ke A Cinootta

*l?Lal nature*

rate

08/07/2020

I *Ch k* LJb t-'IIN

eHem IO"'d 01595811

Preparer

Use Only

Firm's name

..\_ Ernst & Young, uLP

Firm's EIN 34-65655%

Phone no 617-266-2000

Firm's addre►ss 200 Clarendon Street

Boston, MA 02116-5072

May the IRS discuss this return wlth the preparer shown above? (see lnslruotlons) Ix i Yes I J No

ea2001 12-a1-w LHA Por Paperwork Reduction Aot Notice, see the separate instructlons. Form 990 (2018)'

|  |  |  |
| --- | --- | --- |
| Form **8868**  (Rev January 2020)  Department of the Treasury Internal Revenue Serv1ce | **Application for Automatic Extension of Time To File an Exempt Organization Return**   * ► **Frie a separate application for each return.**   **Go to** [***www.1rs.gov/Form8868***](http://www.1rs.gov/Form8868) **for the latest information.** | 0MB No 1545-0047 |

**Electronic filing (e-fi/e).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS In paper format (see 1nstructIons) For more details on the electronic

filing of this form, vIsIt *www 1rs gov/e-fl/e-prov1ders/e-fl/e-for-chanfles-and-non-prof1ts*

**Automatic 6-Month Extension of Time.** Only submit ongmal (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** | Name of exempt organization or other filer, see 1nstruct1ons  Children's Hospital Corporation  Number, street, and room or suite no If a P O box, see 1nstruct1ons  300 Longwood Avenue | Taxpayer 1dent1f1cat1on number (TIN)  I 04-2774441 |
| **print** |
| File by the due date for f1lmg your return See instructions |
| City, town or post office, state, and ZIP code For a foreign address, see 1nstruct1ons  Boston, MA02115 | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (1nd1v1dual) | 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) for the whole group, check this box D If 1t Is for part of the group, check this box

►

►

N/A If this Is

D 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

►

* + D calendar year 20 or

129 tax year beginning-- October 1 , 20 18

, and ending

September 30 , 20 19

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

D Change In accounting period

|  |  |  |  |
| --- | --- | --- | --- |
| **3a b**  **C** | If this applIcatIon Is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions | **3a** | $ N/A |
| 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 |
| **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 debrt) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment 1nstruct1ons

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

ISA

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

**Part Ill Statement of Program Service Accomplishments**

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

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

1. Did the organization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule 0

1. Did the organization cease conducting, or make significant changes *,n* how it conducts, any program services?

**If** "Yes," describe these changes on Schedule 0

**Dves WNo DYes WNo**

1. 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$ 3 3 4, 6 8 0 , 6 95 • moludmg grants of$ o\_. ) (Revenue$

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,

0. )

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 , 7 2 6, 0 9 6, moiudmg grants of$ o\_. ) (Revenue$ 2\_1--'-,\_s\_B\_l-',\_4\_9\_9\_, )

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

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

BCH-based residents and clinical fellows annually, These men and women are selected for their potential leadership in their respective fields and their commitment to advancing the frontiers of pediatric care, In

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

►

(Expenses $ 7 , 85 7 , 86 2 , including grants of$ 0, ) (Revenue$

**4e** Total program service expenses

1 ,62o ,9o o , 228•

Form **990** (2018)

832002 12-31-18 See Schedule O for Continuation(s)

**2**

**2018.05020 Children's Hospital Corpora CH\_** 1

Form 990 (2018) Children's Hospital Corporation 04-2774441 Paoe3

I **Part IV** I **Checklist of Required Schedules**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| 1. Is the organization described In section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   *If* "Yes," *complete Schedule A*   1. Is the organization required to complete *Schedule B, Schedule of Contrtbutors?* 2. Did the organization engage in direct or IndIrect political campaign activities on behalf of or in opposition to candidates for public office? *If* "Yes," *complete Schedule* C, *Part I* 3. **Section 501(c)(3) orgamzat1ons.** Did the organization engage in lobbying activIt1es, *or* have a section 501(h) election In effect dunng the tax year? *If* "Yes," *complete Schedule* C, *Part II* 4. Is the organization a section 501(c)(4), 501(c)(5), or 501(c}(6} organization that receives membership dues, assessments, or s1m1lar amounts as defined In Revenue Procedure 98-19? *If* "Yes," *complete Schedule* C, *Part Ill* 5. Did the organization maintain any donor advised funds *or* any Similar funds *or* accounts for which donors have the nght to provide advice on the distnbut1on or investment of amounts In such funds or accounts? *If* "Yes," *complete Schedule D, Part I* 6. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, h1stonc land areas, or hIstonc structures? *If* "Yes," *complete Schedule D, Part II* 7. Did the organization maintain collections of works of art, h1stoncal treasures, or other s1mIlar assets? *If* "Yes," *complete Schedule D, Part Ill* 8. Did the organIzatIon report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed In Part X, or provide credit counseling, debt management, credit repair, or debt negotIatIon services? *If* "Yes," *complete Schedule D, Part IV* 9. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If* "Yes," *complete Schedule D, Part V* 10. 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     1. Did the organIzatIon report an amount for land, buildings, and equipment In Part X, line 1O? *If* "Yes," *complete Schedule D,*   *Part VJ*   * 1. Did the organIzatIon report an amount for investments - other securities In Part X, line 12 that Is 5% or more of its total assets reported In Part X, line 16? *If "Yes," complete Schedule D, Part VII*   2. Did the organIzatIon report an amount for investments - program related in Part X, line 13 that Is 5% or more of its total assets reported In Part X, line 16? *If* "Yes," *complete Schedule D, Part VIII*   3. Did the organization report an amount for other assets tn Part X, line 15 that 1s 5% *or* more of its total assets reported In Part X, line 16? *If "Yes," complete Schedule D, Part IX*   4. Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*   5. Did the organization's separate or consolidated f1nanc1al statements for the tax year include a footnote that addresses the organization's llabi11ty for uncertain tax posItIons under FIN 48 (ASC 740)? *ff* "Yes," *complete Schedule D, Part X*   **12a** Did the organization obtain separate, independent audited financial statements for the tax year? *ff* "Yes," *complete Schedule D, Parts XI and XII*  **b** Was the organization included In consolidated, independent audited financial statements for the tax year?  *ff* "Yes," *and 1fthe orgamzatIon answered "No" to fme 12a, then completing Schedule D, Parts XI and XII* 1s *optional*  **13** Is the organization a school described in section 170(b}(1}(A)(11)? *If* "Yes," *complete Schedule E*  **14a** Did the organIzatIon maIntaIn an office, employees, or agents outside of the United States?  **b** Did the organIzatIon have aggregate revenues or expenses of more than $10,000 from grantmak1ng, fundraIsIng, business, investment, and program service actIvItIes outside the United States, or aggregate foreign investments valued at $100,000 or more? *ff* "Yes," *complete Schedule F, Parts f and IV*   1. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If* "Yes," *complete Schedule F, Parts II and IV* 2. Did the organization report on Part IX, column (A}, line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If* "Yes," *complete Schedule F, Parts Ill and IV* 3. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If* "Yes," *complete Schedule* G, *Part I* 4. Did the organization report more than $15,000 total of fundraIsIng event gross income and contributions on Part VIII, lines 1c and Sa? *If* "Yes," *complete Schedule* G, *Part II* 5. Did the organization report more than $15,000 of gross income from gaming actIvItles on Part VIII, line 9a? *If* "Yes,"   *complete Schedule* G, *Part If!*  **20a** Did the organization operate one or more hospital facI1itIes? *If* "Yes," *complete Schedule H*  **b** If "Yes" to line 20a, did the organIzatIon attach a copy of its audited fInancIal statements to this return?  **21** Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic Qovernment on Part *IX,* column (A), line 1? *ff* "Yes," *complete Schedule !, Parts I and II* | **1** | **X** |  |
| **2** | X |  |
| **3** |  | **X** |
| **4** | **X** |  |
| **5** |  | X |
| **6** |  | X |
| **7** |  | X |
| **8** |  | **X** |
| **9** |  | **X** |
| **10** | **X** |  |
| **11a** | X |  |
| **11b** | X |  |
| **11c** |  | **X** |
| **11d** | X |  |
| **11e** | X |  |
| **11f** |  | X |
| **12a** |  | X |
| **12b** | **X** |  |
| **13** |  | **X** |
| **14a** |  | X |
| **14b** | **X** |  |
| **15** |  | **X** |
| **16** |  | X |
| **17** | X |  |
| **18** | **X** |  |
| **19** |  | **X** |
| **20a** | **X** |  |
| **20b** | **X** |  |
| **21** | X |  |

832003 12-31-18

14360715 353314 CH

Form **990** (2018)

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2018.05020 Children's Hospital Corpora CH l

Form 990 /2018\ Children s Hospital Corporation 04-2774441 Paae **4**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| 1. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part **IX,** column **(A),** line 2? *If "Yes," complete Schedule I, Parts I and Ill* 2. Did the organization *answer* "Yes" to Part VII, Section A, line 3, 4, *or* 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*   **24a** D1d the organization have a tax-exempt bond issue with an outstanding pnnc1pal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer Imes 24b through 24d and complete Schedule K If "No," go to /me 25a*   * 1. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   2. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   3. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   **25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.**Did the organization engage in an excess benefit transaction with a d1squalif1ed person during the year? *If "Yes," complete Schedule L, Part I*  **b** Is the organization aware that it engaged in an excess benefit transaction with a d1squahf1ed person in a prior year, and that the transaction has not been *reported* on any of the organization's *prior* Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*   1. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current *or* former officers, directors, trustees, key employees, highest compensated employees, or d1squahf1ed persons? *If "Yes," complete Schedule L, Part II* 2. Did the organ1zat1on provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor *or* employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part Ill* 3. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 1nstruct1ons for applicable filing thresholds, cond1t1ons, and exceptions)    1. A current *or* former officer, director, trustee, *or* key employee? *If "Yes,* " *complete Schedule L, Part IV*    2. A family member of a current *or* former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*    3. An entity of which a current or *former* officer, director, trustee, *or* key employee *(or* a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* 4. Did the organization receive more than $25,000 *m* non-cash contnbut1ons? *If "Yes," complete Schedule M* 5. Did the organization receive contnbut1ons of art, h1stoncal treasures, or other s1m1lar assets, or qualified conservation contributions? *If "Yes,* " *complete Schedule M* 6. Did the organization liquidate, terminate, or dissolve and cease operations?   *If "Yes," complete Schedule N, Part I*   1. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?*If "Yes," complete Schedule N, Part II* 2. Did the organization own 100% of an entity disregarded as separate from the organ1zat1on under Regulations sections 301 7701-2 and 301 7701-3? *If* "Yes," *complete Schedule R, Part I* 3. Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, Iii, or IV, and Part V, /me 1*   **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  **b** If "Yes" to line 35a, did the organ1zat1on receive any payment from or engage 1n any transaction with a controlled entity within the meaning of section 512(b)(13)? *If* "Yes," *complete Schedule R, Part V, /me 2*   1. **Section 501(c)(3) organizations.**Did the organization make any transfers to an exempt non-charitable related organization?   *If* "Yes," *complete Schedule R, Part V, /me 2*   1. Did the organization conduct more than 5% of its act1v1t1es through an entity that 1s not a related organization and that is treated as a partnership for federal income tax purposes? *If* "Yes," *complete Schedule R, Part VI* 2. Did the organization complete Schedule O and provide explanations 1n Schedule O for Part VI, lines 11band 19?   **Note.** All Form 990 filers are required to complete Schedule O | **22** | **X** |  |
| **23** | X |  |
| **24a** | X |  |
| **24b** |  | X |
| **24c** |  | X |
| **24d** |  | X |
| **25a** |  | X |
| **25b** |  | **X** |
| **26** |  | X |
| **27** |  | X |
| **28a** |  | X |
| **28b** |  | X |
| **28c** |  | X |
| **29** | **X** |  |
| **30** |  | **X** |
| **31** |  | X |
| **32** |  | X |
| **33** | X |  |
| **34** | X |  |
| **35a** | X |  |
| **35b** |  | X |
| **36** |  | **X** |
| **37** |  | X |
| **38** | X |  |

I **Part Vi Statements Regarding Other IRS Filings and Tax Compliance**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| **1a** Enter the number reported 1n Box 3 of Form 1096 Enter -0· If not applicable I 1a I 1952   1. Enter the number of Forms W-2G included in line 1a Enter -0- 1f not applicable / **1b** / *1* 2. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   /aambhna) w1nninas to prize winners? | **1c** | X |  |

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

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

**2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

**b** If at least one Is reported on line 2a, did the organ1zat1on file all required federal employment tax returns?

**Note. If** the sum of lines 1a and 2a 1s greater than 250, you may be required to *e-fl/e* (see 1nstruct1ons)

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

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

**4a** At any time during the calendar year, did the organization have an interest 1n, or a signature or other authority over, a f1nanc1al account in a foreign country (such as a bank account, securities account, or other f1nanc1al account)?

14622

**2b**

**3a 3b**

**4a**

**Yes No**

X

X X

X

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

See 1nstruct1ons for filing requirements for F1nCEN 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? **Sa** X **b** Did any taxable party notify the organization that It was or 1s a party to a prohibited tax shelter transaction? **5b** X **c** If "Yes" to line 5a or 5b, did the organ1zat1on 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 solic1tat1on 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).**

1. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and serv1ees provided to the payor? **7a** X
2. If "Yes," d1d the organization notify the donor of the value of the goods or services provided?
3. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which 1t was required

**1----1--;---**

**7b** X

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | to file Form 8282? |  | **7c** | X | |
| **d** | If "Yes," 1nd1cate the number of Forms 8282 filed during the year | **I 7d I** |  |  | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | **7e** |  | **X** |
| **f**  **g** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | **7f**  **7g** | *NIA* | X |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, d1d the organization file a Form 1098-C? | | **7h** | *NIA* |  |
| **8** | **Sponsoring organizations mamtammg donor advised funds.** Did a donor advised fund maintained by the | |  |  |  |

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

1. **Sponsoring organizations mamtainmg donor advised funds.**
   1. Did the sponsoring organization make any taxable distributions under section 4966?
   2. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
2. **Section 501(c)(7) organizations.** Enter

*NIA*

*NIA NIA*

**8**

**9a**

**9b**

1. ln1t1at1on fees and capital contributions included on Part VIII, line 12
2. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club fac11it1es
3. **Section 501(c)(12) organizations.** Enter
4. Gross income from members or shareholders

*NIA* **I 1oa** [

**10b**

*NIA* **11a**

1. Gross income from other sources (Do not net amounts due or paid to other sources against

amounts due or received from them) **\_1\_1\_b 1**

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 1n lieu of Form 1041? **1--12\_a---t----1-- b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year *NIA* I **12b I 1**

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

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

**Note.** See the instructions for additional 1nformat1on the organization must report on Schedule 0

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

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

**I 1ab I**

**13c**

*NIA*

**13a**

**14a** X

**b** If "Yes," has 1t filed a Form 720 to report these payments? *If "No," provide an explanation m Schedule* O

1. ls the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 1n remuneration or excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N

1. Is the organization an educational 1nst1tut1on subject to the section 4968 excise tax on net investment income? If "Yes "complete Form 4720 Schedule 0

**14b**

**15** X

**16** X

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*to /me Ba, Bb, or 10b below, describe the ctrcumstances,* processes, *or changes m Schedule* O See *mstruct1ons*

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

**Section A. Governing Body and Management**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | **Yes** | **No** |
| **1a** Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in votmg rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explam in Schedule 0.  **b** Enter the number of voting members included in line 1a, above, who are independent | **1a** | 16 | **2** |  | X |
| **1b** | 14 |
| 1. Did any officer, director, trustee, or key employee have a family relationship or a business relat1onsh1p with any other officer, director, trustee, or key employee? 2. Did the organization delegate control over management duties customarily performed by or under the direct superv1s1on of officers, directors, or trustees, or key employees to a management company or other person? 3. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4. Did the organization become aware during the year of a significant diversion of the organization's assets? 5. Did the organization have members or stockholders?   **7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  *more* members of the governing body?  **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  **s** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following·   1. The governing body? 2. Each committee with authonty to act on behalf of the governing body?   **9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the oraanizat1on's ma11ina address? *ff "Yes," orov1de the* names *and* addresses *m Schedule* O | | |
| **3** |  | **X** |
| **4** |  | **X** |
| **5** |  | **X** |
| **6** | **X** |  |
| **7a** | X |  |
| **7b** | **X** |  |
| **Sa** | X |  |
| **Sb** | X |  |
| **9** |  | X |

**Section B. Policies** *(This Sect/On B requests mformat,on about pol!c1es not reqwred by the Internal Revenue Code)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| **10a** Did the organization have local chapters, branches, or affiliates?  **b** If "Yes," did the organization have wntten policies and procedures governing the activ1t1es 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?  **b** Describe in Schedule O the process, 1f *any,* used by the organJZat1on to review this Form 990  **12a** Did the organization have a written conflict of interest policy? *ff "No," go to !me 13*   1. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 2. Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe m Schedule* O *how this was done* 3. Did the organization have a wntten wh1stleblower policy? 4. Did the organization have a written document retention *and* destruction policy? 5. 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?    1. The organization's CEO, Executive Director, or top management official    2. Other officers or key employees of the organization   If "Yes" to line 15a or 15b, describe the process 1n Schedule O (see 1nstruct1ons)  **16a** Did the organization invest in, contribute assets to, *or participate m a Joint* venture *or* similar arrangement with a taxable entity dunng the year?  -'  **b** If "Yes," did the organization follow a wntten policy *or* procedure reqwnng the organization to evaluate its participation  in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exemot status with resoect to such arranaements? | **10a** |  | X |
| **10b** |  |  |
| **11a** | X |  |
| **12a** | X |  |
| **12b** | X |  |
| **12c** | **X** |  |
| **13** | **X** |  |
| **14** | **X** |  |
| **15a** | **X** |  |
| **15b** | **X** |  |
| **16a** |  | X |
| **16b** |  |  |

**Section C. Disclosure**

-------------------------►

1. List the states with which a copy of this Form 990 is required to be filed MA
2. Section 6104 *reqwres* an organization to make its Forms 1023 (1024 *or* 1024-A 1f 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

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

1. Describe 1n Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, *and* financial

statements available to the public dunng the tax year

1. 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

►--------­



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**Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or w1th1n the 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 1nstruct1ons 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 report­ able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC} of more than $100,000 from the organization and any related organ1zat1ons
* 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, 1n 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

D Check this box 1f neither the organization nor any related organization compensated any current officer, director, or trustee

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(A)**  Name and Title | **(BJ**  Average hours per week  (list any hours for related organ1zat1ons below  line) | **(CJ**  Position  (do not check more than one **box1 unless person 1s both an** officer and a director/trustee) | | | | | | **(DJ**  Reportable compensation from  the organization  (W-2/1099-MISC) | **(EJ**  Reportable compensation from related organizations  (W-2/1099-MISC) | **(FJ**  Estimated amount of other compensation from the organ1zat1on and related organizations |
| -1l  0  .ilsl  .s | .ilsl  **1**  I | !E  0 | Q.  isl | I  §  E  **i**  **'"i5..**  :=,"E : | §  .'2 |
| (1) Douglas Berthiaume  Director - Chairman | 5.00 | **X** |  |  |  |  |  | 0. | 0. | 0. |
| 5.00 |
| (2) Allan Bufferd  Director | 1,00 | **X** |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| (3) Winston Henderson  Director | 1,00 | **X** |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| (4) Stephen Karp  Director | 1,00 | **X** |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| (5) Steven Krichmar  Director | 1,00 | **X** |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| (*6)* Robert Langer  Director | 1,00 | **X** |  |  |  |  |  | o. | 0. | o. |
| 1,00 |
| ( 7) Harvey Lodish, PhD  Director | 1,00 | **X** |  |  |  |  |  | 0. | 0. | o. |
| 1.00 |
| ( 8) Gary Loveman  Director | 1,00 | X |  |  |  |  |  | o. | 0. | 0. |
| 1.00 |
| (9) Ralph C, Martin  Director | 1,00 | **X** |  |  |  |  |  | 0. | 0. | o. |
| 1.00 |
| (10) Thomas Melendez  Director | 1,00 | X |  |  |  |  |  | 0. | 0. | 0. |
| 1.00 |
| (11) Kathleen Regan  Director | 1,00 | **X** |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| (12) Robert A, Smith  Director - Vice Chair | 2,00 | **X** |  |  |  |  |  | 0. | 0. | 0. |
| 2,00 |
| (13) Alison Taunton-Rigby,PhD  Director | 1.00 | **X** |  |  |  |  |  | 0. | 0. | 0. |
| 1,00 |
| (14) Marc B, Wolpow  Director | 1.00 | **X** |  |  |  |  |  | 0. | 0. | 0. |
| 1.00 |
| (15) Sandra Fenwick  CEO, Noncomp Director | 55,00 | **X** |  | **X** |  |  |  | 2,606,425, | 0. | 77,051, |
| *6,00* |
| (16) Kevin Churchwell, MD  President & COO/Noncomp Director | 55,00 | **X** |  | **X** |  |  |  | 1,543,129. | 0. | 75,817. |
| 5,00 |
| (17) Doug Vanderslice  EVP, Treasurer & CFO | 55,00 |  |  | **X** |  |  |  | 1,513,352. | 0. | 55,817. |
| 7,00 |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Al**  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 1s both an**  officer and a director/trustee) | | | | | | **(D)**  Reportable compensation from  the organization  0/V-2/1099-MISC) | **(El** Reportable compensation from related organizations  0/V-2/1099-MISC} | **(Fl** Estimated amount of other  compensation  from the organization and related organ1zat1ons |
| {l  .§  C,  .**i**s  I | 'bl  .E  **1**  **i** | 0 | I  i  is;-  "' | **i**  "E°  **8:E**  "!;;=  %  :""'=: | §  £ |
| (18) Bruce Balter  Asst Treasurer/Dir Corp Finance | 55,00 |  |  | **X** |  |  |  | 267,629, | 0. | 50,653, |
| 5,00 |
| (19) Michele Garvin, Esq,  General Counsel & Secretary | 55,00 |  |  | **X** |  |  |  | 909,793. | 0. | 47,262, |
| 6,00 |
| ( 20) Dionne Mottley  Asst Sec/Exec Asst | 55.00 |  |  | **X** |  |  |  | 60,077. | *0.* | 7,456, |
| 5,00 |
| (21) Laura J. wood, DNP, MS, RN  CNO/Noncomp Director | 55,00 |  |  |  | **X** |  |  | 619,506, | 0. | 46,840. |
| 5.00 |
| (22) Demosthenes Argys  SVP, & Chief Administrative Officer | 55,00 |  |  |  | X |  |  | 687,652, | *0.* | 44,700. |
| 5,00 |
| (23) August Cervini  VP, Research Administration | 55,00 |  |  |  | **X** |  |  | 400,518, | 0. | 42,029. |
| 5,00 |
| ( 24) Michael Gillespie  VP, Clinical Services | 55,00 |  |  |  | **X** |  |  | 492,436. | 0. | 36,069, |
| 5,00 |
| (25) Cynthia Haines  SVP, International Services | 55,00 |  |  |  | **X** |  |  | 627,094, | 0. | 48,357. |
| 5,00 |
| (26) Patricia Hickey, PhD, MBA, RN,  VP, Cardiovascular Services | 55,00 |  |  |  | **X** |  |  | 394,938, | 0. | 39,897. |
| 5,00 |
| **1b Sub-total**  **C Total from continuation sheets to Part VII, Section A** ►  **d Total (add Imes 1b and 1c)** ► | | | | | | | | 10,122,549, | *o.* | 571,948. |
| 7,188,579. | 0. | 381,316. |
| 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

►

comoensat1on from the oroanization 2,333

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| 1. Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on hne 1 a? *If* "Yes, " *complete Schedule J for such md1v1dual* 2. For any 1nd1vidual listed on line 1a, 1s the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *ff* "Yes," *complete Schedule J for such mdw1dua/* 3. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or 1ndiv1dual for services   rendered to the oraarnzat1on? *If "Yes," comolete Schedule J for such oerson* | **3** | **X** |  |
| **4** | **X** |  |
| **5** |  | **X** |

**Section B. Independent Contractors**

|  |  |  |
| --- | --- | --- |
| **(A)**  Name and business address | **(Bl**  Descnpt1on 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 | aealthcare/Research Services | 28,978,007. |
| Shepley Bulfinch  Two Seaport Lane, Boston, **MA** 02210 | i\.rchitectural Services | 12,780,774, |
| VPNE Parking Solutions  343 Congress Street, Boston, **MA** 02210 | Parking Serives | 8,111,991. |
| PricewaterhouseCoopers LLP  P,O, Box 7247-8001, Philadelphia, PA 19170 | onsulting Services | 7,724,481, |
| **2** Total number of independent contractors (including but not limited to those listed above) who received more than  $100 000 of comoensat1on from the oraan1zat1on ► 277 | |  |

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the on:iarnzat1on Report compensation for *t*he caIendar vear end1' nq with or with1n t h*e* orqanizat1on's *tax* vear



See Part VII, Section A Continuation sheets

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**IPart VII I Section A. Officers, Directors, Trustees, Kev Employees, and Highest Compensated Employees** *(continued)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(A)** | **(Bl** | **(C)** | | | | | | **(D)** | **(E)** | **(F)** |
| Name and title | Average | Position | | | | | | Reportable | Reportable | Estimated |
|  | hours | (check all that apply) | | | | | | compensation | compensation | amount of |
|  | per | *iei*  -i3  0  **i**  s  .s | f;l  j;  **1**  I | !  0 |  | gl\_  Isl  """'  E"  8  I  :E |  | from | from related | other |
|  | week |  |  | the | organizations | compensation |
|  | (list any |  |  | organization | 0/'J-2/1099-MISC} | from the |
|  | hours for |  |  | 0/'1·2/1099-MISC} |  | organization |
|  | related |  |  |  |  | and related |
|  | organizations below line) | gl\_  **f** | .l: |  |  | organizations |
| (27) Lisa Hogarty  *SVP,* RE Planning and Development | 55.00 |  |  |  | X |  |  | 600,433. | 0. | 48,268. |
| 5.00 |
| ( 28) Daniel Nigrin, MD  SVP & Chief Information Officer | 55.00 |  |  |  | **X** |  |  | 640,764, | 0. | 40,877, |
| 5.00 |
| (29) Philip Rotner  Chief Investment Officer | 55.00 |  |  |  | X |  |  | 1,430,107, | 0. | 62,807, |
| 5.00 |
| (30) Wendy Warring  SVP, Network Development | 55,00 |  |  |  | X |  |  | 678,867, | 0. | 45,057, |
| 5,00 |
| (31) Nader Rifai, PhD  Director, Chemistry | 55,00 |  |  |  |  | **X** |  | 684,753, | 0. | 42,902. |
| o.oo |
| (32) Lynn Susman  President, Children's Hospital Trust | 55,00 |  |  |  |  | X |  | 631,673, | 0. | 58,082. |
| 0,00 |
| (33) Reginald Stover  VP, Human Resources | 55.00 |  |  |  |  | X |  | 621,874. | 0. | 22,751, |
| 0,00 |
| (34) Martin Kelly  Director, Investments | 55,00 |  |  |  |  | X |  | 641,298, | o. | 39,714. |
| 0,00 |
| (35) Alison Svizzero  Director, Investments | 55,00 |  |  |  |  | X |  | 583,880, | 0. | 20,858, |
| 0,00 |
| ( 36) James Mandell, MD  Former CEO | 0,00 |  |  |  |  |  | X | 674,930. | 0. | 0. |
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|  |
| Total to Part VII Section A line 1c | | | | | | | | 7,188,579. |  | 381,316, |

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**9**

2018.05020 Children's Hospital Corpora CH l

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| --- | --- | --- | --- |
| Form990 2018 | Children's Hospital Corporation | 04-2774441 | Page9 |
| **Part VIII** | **Statement of Revenue**  Check 'If Sc hedueI 0 contains a response or note to anv 1ne 1n this Part VI11 |  | D |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **[A)**  Total revenue | **[BJ**  Related or  exempt function revenue | **[CJ**  Unrelated  business revenue | 0  Revenu efxcluded from tax under sections  512 - 514 |
| ***23* ,l!l**  **C: C:**  **Ctl** :,  ... **0**  **c, E**  **en<**  **!I: ffi**  **c,:=**  **ui E**  -***§<***.***i***.***i***.  .... **Q)**  **:l ,.e**  **:..sc.o.,.**  **C:"C**  **0 C:**  () **Ctl** | **1 a** | | Federated campaigns | | **1a** | 37,348, | |  |  |  |  |
| **b** | | Membership dues | | **1b** |  | |  |
| **C** | | Fundra1sing events | | **1c** | 4,219,036, | |  |
| **1d** |  | |
| **d** | | Related organizations | |  |
| **1e** | 231,488,798, | |
| **e** | | Government grants (contributions) | |  |
|  |  | |
| **f** | | All other contributions, gifts, grants, and | |  |  | |  |
|  | | similar amounts not included above | | **1f** | 179,392,258, | |  |
| **g**  **h** | | *Noncash* contnbut10ns included ,n Imes 1a-1f $ 15,183,774, | | | | |  |
| **Total.Add** lines 1a-1f ► | | | | | 415,137,440, |
| **Q)**  **0**  - **cu**  **Q)** :,  **Cl) C:**  **E**  **Ctl Q)**  **1:no::**  **0**...  ***a.*** | **2a** | | Patient Svc Revenue | | | | **Business Code** | 1,434,737,224. | 1,434,737,224, |  |  |
| 621110 |
| **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, |  |
|  | **f** All other program service revenue | | | | |  |  |  |  |  |
| ***Q*** | **Total.** Add lines 2a-2f ► | | | | | 1,527,371,090. |  |  |  |
| **Q)**  **:l**  **C:**  Q)  ***0***.**6**.**i**  ***::***  **Q)**  **.**..**.**.**c**.  **0** | **3** | | Investment income (1nclud1ng dividends, interest, and  other s1m1lar amounts) ►  Income from investment of tax-exempt bond proceeds ►  Royalties ► | | | | |  |  |  |  |
|  | | 10,336,616. | -352,577, | 10,689,193, |
| **4** | |  |  |  |  |
| **5** | | 8,354,266, |  |  | 8,354,266, |
| **6a**  **b**  **C** | |  | **(1)** Real | | | (ill Personal | 6,641,869, |  | -5,670,876, | 12,312,745. |
| Gross rents | 15,100,941. | | |  |
| 8,459,072. | | |  |
| Less·rentalexpenses |
| Rental income or (loss) | 6,641,869, | | |  |
| **d** | | Net rental income or (loss) | | | | |
| **7 a** | | Gross amount from sales of | (1) Securities | | | (11) Other | 33,990,627, |  |  | 33,990,627. |
| 98,412,299, | | |  |
|  | | assets other than Inventory |
| **b** | | Less cost or other basis |  | | |  |
|  | | and sales expenses | 64,421,672. | | |
| **C** | | Gain or (loss) | 33,990,627, | | |  |
| **d** | | Net gain or (loss) | | | | |
| ***Ba*** | | Gross income from fundraising events (not | | | | 1,885,820, |  |  |  |  |
|  | | including$ 4,219,036, of | | | |  |  |
|  | | contributions reported *on* hne 1 c) See | | | |  |  |
|  | | Part IV, hne 18 **a** | | | |  |  |
| 1,977,376, |
| **b** | | Less direct expenses **b** | | | |  |  |
| **C** | | Net income or (loss) from fundrais!ng events ► | | | | | -91,556, | -91,556. |
| **9a**  **b** | | Gross income from gaming act1v1ties See | | | |  |  |  |  |  |
| Part IV, line 19 **a** | | | |
| Less direct expenses **b** | | | |  |
| **C** | | Net income or (loss) from gaming act1v1ties | | | | |
| **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 1nventorv Ill,,. | | | | |
| M1scel1aneous Revenue | | | | | | **Business Code** | 27,759,876. |  |  |  |
| **11 a** Other General Services **b** Parking Revenue **C** Cafeteria Sales  **d** All other revenue | | | | | | 900099 | 27,759,876. |
| 812930 | 8,524,714, |  |  | 8,524,714, |
| 722210 | 7,894,079. |  |  | 7,894,079, |
| 531390 | 809,387. |  | 178,065, | 631,322, |
| **e** | | **Total.Add** lines 11a-nd | | | | | 44,988,056, |  |  |  |
| **12** | | **Total revenue.** See instructions ► | | | | | 2,046,728,408, | 1,526,994,739, | -5,469,037, | 110,065,266. |

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Do not include amounts reported on Imes 6b, lb, Bb, 9b, and 1Ob of Part VIII.*** | | | **lAJ**  Total expenses | **lBJ**  Program service  expenses | **(I,;)**  Management and  general expenses | Fund i1s1ng  expenses |
| 1. Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2. Grants and other assistance to domestic 1nd1viduals See Part IV, line 22 3. Grants and other assistance to foreign organ1zat1ons, foreign governments, and foreign 1ndiv1duals. See Part IV, lines 15 and 16 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustees, and key employees 6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 495B(c)(3)(B) 7. Other salaries and wages 8. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9. Other employee benefits 10. Payroll taxes 11. Fees for services (non-employees)     1. Management     2. Legal     3. Accounting     4. Lobbying     5. Professional fundra1sing services See Part IV, line 17     6. Investment management fees     7. Other (If lme 11g amount exceeds 10% of lme 25, column (A) amount, 11st line 11g expenses on Sch O) 12. Advert1s1ng and promotion 13. Office expenses 14. Information technology 15. Royalties 16. Occupancy 17. Travel 18. Payments of travel or entertainment expenses for any federal, state, or local public off1c1als 19. Conferences, conventions, and meetings 20. Interest 21. Payments to affiliates 22. Depreciation, depletion, and amort1zatron 23. Insurance 24. Other expenses Itemize expenses not covered   above (List miscellaneous expenses m lme 24e. If line 24e amount exceeds 10% of /me 25, column (A) amount, list line 24e expenses on Schedule 0.)  **a** Lab/Medical/Pharmacy | | | 9,973,085, | 9,973,085, |  |  |
| 1,392,514, | 1,392,514. |  |  |
|  |  |  |  |
|  |  |  |  |
| 14,241,675, |  | 14,241,675, |  |
|  |  |  |  |
| 740,588,925, | 581,410,652, | 141,500,723. | 17,677,550, |
| 38,923,190, | 37,436,141. | 239,877, | 1,247,172, |
| 65,555,689, | 63,414,949, | 345,324. | 1,795,416, |
| 69,490,122, | 66,835,274, | 428,255, | 2,226,593. |
| 7,615,654, | 2,254,591. | 5,361,063, |  |
| 3,917,196, | 1,520,256. | 2,396,940. |  |
| 1,770,096, | *693,038.* | 1,074,608, | 2,450. |
| 107,669, | 107,669, |  |  |
| 1,378,073, |  |  | 1,378,073. |
|  |  |  |  |
| 279,539,505, | 237,750,422. | 41,035,477. | 753,606, |
| 2,142,100, | 1,861,730, | 264,526. | 15,844. |
| 41,667,273, | 18,230,446, | 15,852,021. | 7,584,806, |
| 38,886,347, | 12,772,679, | 25,544,371. | 569,297. |
|  |  |  |  |
| 108,479,940, | 107,009,241. |  | 1,470,699. |
| 6,975,275. | 5,502,471, | 1,350,723. | 122,081. |
|  |  |  |  |
| 1,266,446, | 1,185,690, |  | 80,756, |
| 36,045,670. | 35,566,224. | 479,446. |  |
|  |  |  |  |
| 120,863,104, | 119,923,521. |  | 939,583, |
| 8,155,701, | 5,925,759, | 2,229,942. |  |
|  |  |  |  |
| 258,005,886, | 257,097,154, | 908,732, |  |
| **25** | **b**  **c** | Uncollectible Accts | 34,188,976. | 34,188,976, |  |  |
| Uncompensated Care | 10,336,281, | 10,336,281, |  |  |
| **d**  **e** | Free Care | 8,511,465, | 8,511,465, |  |  |
| All other expenses |  |  |  |  |
| **Total functional expenses** Add lines 1 through 24e | | 1,910,017,857. | 1,620,900,228, | 253,253,703, | 35,863,926. |
| **26 Joint costs** Complete this line only 1f the organization reported in column (B) Jomt costs from a combined  educational campaign and fundraising sol1c1tat1on  Check here► D 1ffollowmg SOP 98-2 (ASC 958-720) | | |  |  |  |  |



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' Hospital Corporation

**xpenses**

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Pa e **10**

*Section 501(c)(3) and 501(c)(4) organ,zatIons must complete all columns All other organizations must complete column (A)*

w

Check if Schedule O contains a resoonse or note to *anv* line in this Part IX **X**

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**14360715 353314 CH 2018.05020 Children's Hospital Corpora CH 1**

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

I **Part X I Balance Sheet**

Check If Schedule O contains a resoonse or note to any line In this Part X l I

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **(Al**  Beginning of year |  | **(Bl**  End of year |
| IJl  t  IJl IJl  <( | **1**  **2**  **3**  **4**  **5**  **6**  **7**  **8**  **9** | Cash · non-interest-bearing  Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net  Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons descnbed In section 4958(c)(3)(B), and contributing employers and sponsonng organizations of section 501(c)(9) voluntary employees' benef1cIary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges | | |  | **1** |  |
| 607,592. | **2** | 30,179,033. |
| 269,599,895, | **3** | 252,769,686, |
| 297,700,414. | **4** | 325,186,584. |
|  | **5** |  |
|  | **6** |  |
|  | **7** |  |
| 27,808,866. | **8** | 31,244,443. |
| 27,006,801. | **9** | 19,740,177. |
| **10a** Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  **b** Less accumulated deprecIat1on | | **10a** | 3,253,196,418, | 1,197,239,382. | **10c** | 1,366,902,736. |
| **10b** | 1,886,293,682, |
| **11**  **12**  **13**  **14**  **15**  **16** | Investments • publicly traded securities Investments - other securities See Part IV, hne 11 Investments - program-related See Part IV, hne 11 Intangible assets  Other assets See Part IV, line 11  **Total assets.** Add lines 1 throunh 15 !must eoual hne 34) | | | 264,908,943. | **11** | 237,357,146. |
| 1,070,412,496, | **12** | 1,124,465,251. |
|  | **13** |  |
| 2,403,230, | **14** | 2,279,295, |
| 2,824,829,438, | **15** | 2,943,357,342. |
| 5,982,517,057. | **16** | 6,333,481,693, |
| IJl  **Q)**  :'.§  **:a**  **(I!**  **:J** | **17**  **18**  **19**  **20**  **21**  **22**  **23**  **24**  **25**  **26** | Accounts payable and accrued expenses Grants payable  Deferred revenue  Tax-exempt bond hab1ht1es  Escrow or custodial account hab1hty Complete Part IV of Schedule D  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  Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties  Other lrab1lit1es (1ncludIng federal income tax, payables to related third parties, and other lrab1lItIes not included on lines 17-24) Complete Part X of Schedule D  **Orgamzat1ons that follow SFAS 117 (ASC 958), check here**► **Wand**  **Total habiht1es.** Add lines 17 throuah 25 | | | 315,085,352. | **17** | 310,682,550. |
|  | **18** |  |
| 122,272,940. | **19** | 148,299,094. |
| 872,393,932. | **20** | 872,102,006. |
|  | **21** |  |
|  | **22** |  |
| 347,349,157. | **23** | 347,442,169, |
|  | **24** |  |
| 265,815,691. | **25** | 444,575,379. |
| 1,922,917,072. | **26** | 2,123,101,198. |
| gi  (.)  **C:**  **(I!**  **1il**  **ca**  **-0**  .**:C:**.**s:**  **u.**  **0**  IJl IJl  <(  **z**t | **27**  **28**  **29**  **30**  **31**  **32**  **33**  **34** | **complete Imes 27 through 29, and Imes 33 and 34.**  Unrestricted net assets Temporarily restricted net assets  Permanently restricted net assets ►D  **Orgamzat1ons that do not follow SFAS 117 (ASC 958), check here**  **and complete Imes 30 through 34.**  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  Total liabilities and net assets/fund balances | | | 2,381,710,816. | **27** | 2,474,416,269, |
| 879,854,728. | **28** | 904,708,832. |
| 798,034,441. | **29** | 831,255,394. |
|  | **30** |  |
|  | **31** |  |
|  | **32** |  |
| 4,059,599,985. | **33** | 4,210,380,495, |
| 5,982,517,057. | **34** | 6,333,481,693, |

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2018.05020 Children's Hospital Corpora CH 1



Form990 2018 Children's Hospital Corporation 04-2774441 Pa e **12 Part XI Reconciliation of Net Assets**

Check**1**fSchedule O contains a response or note to anv 1ne 1n thi's Part XI [jJ

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

**I Part XIII Financial Statements and Reporting**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** Accounting *method* used to prepare the *Form* 990 Dcash [jJAccrual |  | | **Yes** | **No** |
| D *Other* | **2a** |  | X |
| If the organization changed its method of accounting from a pnor year or checked "Other," explain 1n Schedule O  **2a** Were the organization's f1nanc1al statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the f1nanc1al statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  D Separate basis D Consolidated basis D Both consolidated and separate basis  **b** Were the organization's f1nanc1al 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  D Separate basis [jJ Consolidated basis D Both consolidated and separate basis  **C** If "Yes" to hne 2a or 2b, does the organization have a committee that assumes respons1b11ity for oversight of the audit, review, or compilation of its f1nanc1al statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 0  **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 0MB Circular A-133?  **b** If "Yes," did the organ1zat1on undergo the required audit or audits? If the organization did not undergo the reqwred audit  or audits, explain whv 1n Schedule O and describe anv steps taken to underno such audits | |
| **2b** | X |  |
| **2c** | X |  |
| **3a** | X |  |
| **3b** | X |  |

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Form **990** (2018)

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**2018.05020 Children 1 s Hospital Corpora CH l**

|  |  |  |
| --- | --- | --- |
| **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.1rs.gov/Form990**](http://www.1rs.gov/Form990) **for mstructIons and the latest mformatIon.** | 0MB No 1545-0047 |
| **2018**  **Open to Public Inspection** |

**Name of the organization**

Children's Hospital Corporation

**Employer IdentJf1cat1on number**

04-2774441

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

The organization 1s not a private foundation because 1t is· (For Imes i through 12, check only one box.)

* 1. D A church, convention of churches, or association of churches described 1n **section 170(b)(1)(A)(1).**
  2. D A school described in **section 170(b)(1)(A)(n).** (Attach Schedule E (Form 990 or 990-EZ))
  3. !Ju A hospital or a cooperative hospital service organization described ,n **section 170(b}(1)(A)(m).**
  4. D A medical research organization operated in coniunct1on with a hospital described in **section 170(b}(1)(A)(111).** Enter the hospital's name,

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

* 1. An organization operated for the benefit of a college or university owned or operated by a governmental unit described 1n

**section 170(b)(1)(A)(1v).** (Complete Part II)

* 1. D A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  2. D 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)(v1).** (Complete Part II)

* 1. D **A** community trust described 1n **section 170(b)(1)(A)(v1).** (Complete Part II)
  2. D An agricultural research organization described in **section 170(b)(1)(A)(1x)** operated in conJunct1on 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

D

* 1. An organization that normally receives (i) more than 33 i/3% of its support from contributions, membership fees, and gross receipts from

act1v1t1es related to its exempt functions - subject to certain exceptions, and (2) no more than 33 i /3% of its support from gross investment income and unrelated business taxable income (less section 51i tax) from businesses acquired by the organization after June 30, i975 See **section 509(a)(2).** (Complete Part Ill)

* 1. D An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
  2. D An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or

more publicly supported organizations described 1n **section 509(a)(1)** *or* **section 509(a)(2)** See **section 509(a)(3).** Check the box in

Imes i 2a through i 2d that describes the type of supporting organization and complete lines i 2e, i 2f, and i 2g

* + 1. D **Type** I. A supporting organization operated, supervised, or controlled by its supported organ1zat1on(s), typically by giving

the supported orgarnzation(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.**

* + 1. D **Type** II. A supporting organ1zat1on supervised or controlled in connection with its supported orgarnzat1on(s), by having

control or management of the supporting organization vested in the same persons that control or manage the supported

orgarnzation(s) **You must complete Part IV, Sections A and C.**

CD **Type** Ill **functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported orgarnzat1on(s) (see 1nstruct1ons) **You must complete Part IV, Sections A, D, and E.**

□

1. **Type** Ill **non-functionally integrated.** A supporting organization operated 1n connection with its supported orgarnzat1on(s) that 1s not functionally integrated The organization generally must satisfy a distnbut1on requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
2. D Check this box 1f the organization received a written determ1nat1on from the IRS that it is a Type I, Type II, Type Ill

functionally integrated, or Type Ill non-functionally integrated supporting organization

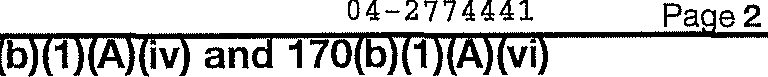
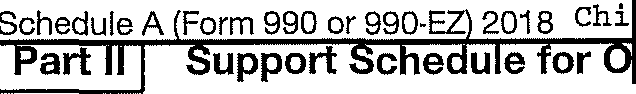
1. Enter the number of supported organizations
2. Provide the follow1nq information about the supported ornanizat1on(s)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(1)** Name of supported  orgarnzat1on | **(u)** EIN | **(111)** Type of organ1zat1on (described on lines 1-10 above /see 1nstruct1ons\\ | 1X o1 t iril;z r; l ?  Jr | | **(v)** Amount of monetary support (see 1nstruct1ons) | **(v1)** Amount of other support (see 1nstruct1ons) |
| **Yes** | **No** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 832021 10-11-1s **Schedule A (Form 990 or 990-EZ) 2018**

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ldren's Hospital Corporation

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(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 Ill If the organization fails to qualify under the tests listed below, please complete Part Ill.}

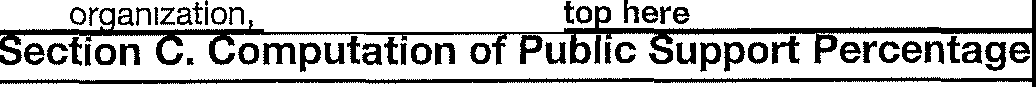
**Section A. Public Support**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Calendar year (or fiscal year beginning** in)►   1. Gifts, grants, contnbut1ons, and membership fees received. (Do not include any "unusual grants ") 2. Tax revenues levied for the organ- 1zat1on's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. **Total.** Add lines 1 through 3 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) 6. **Pub he sunnort.** Subtract line 5 from line 4 | **(a)** 2014 | **(b)** 2015 | **(cl** 2015 | **(d)** 2017 | **(el** 2018 | **(f)** Total |
| 307,902,601. | 342,539,011. | 444,270,077. | 417,494,538. | 415,137,440. | 1927343667, |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 307,902,601, | 342,539,011. | 444,270,077, | 417,494,538. | 415,137,440. | 1927343667, |
|  |  |  |  |  | 35,557,274. |
|  |  |  |  |  | 1891786393. |

**Section B. Total Support**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Calendar year (or fiscal year beginning in)►   1. Amounts from line 4 2. Gross income from interest, d1v1dends, payments received on secunt1es loans, rents, royalties, and income from similar sources 3. Net income from unrelated business activ1t1es, whether or not the business 1s regularly earned on 4. Other income Do not include gain or loss from the sale of capital assets (Explain 1n Part VI ) 5. **Total support.** Add lines 7 through 10 | **(a)** 2014 | **(b)** 2015 | **(c)** 2016 | **(d)** 2017 | **(e)** 2018 | **(f)** Total |
| 307,902,601, | 342,539,011. | 444,270,077. | 417,494,538, | 415,137,440. | 1927343667. |
| 32,931,142, | 24,495,716. | 25,976,961, | 31,911,194. | 31,356,204. | 146,671,217, |
| 264,130. | -270,120. | -4,277 ,019, | -2,548,588. | -5,469,037. | -12,300,634. |
| 28,227,656. | 27,213,103. | 30,424,665. | 26,920,013. | 44,809,991, | 157,595,428. |
|  |  |  |  |  | 2219309678. |
| **12** Gross receipts from related act1vit1es, etc (see instructions) | | | | | **12** I 6,738,295,650, | |

* 1. **First five years.** If the Form 990 is for the organizat1on's first, second, third, fourth, or fifth tax year as a section 501(c}(3}



check this box and **s**

## D

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

**14** 85.24 %

**15** 84.57 %

**16a 33 1/3% support test** - **2018.** If the organization did not check the box on line 13, and line 14 1s 33 1/3% or more, check this box and

**stop here.** The organ1zat1on qualifies as a publicly supported organization

**b 33 1/3% support test** - **2017.** If the organization did not check a box on line 13 or 16a, and line 15 1s 33 1/3% or more, check this box and **stop here.** The organization 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 1s 10% or more, and 1f the organrzat1on meets the "facts-and-circumstances" test, check this box and **stop here.** Explain 1n Part VI how the organrzat1on 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 1s 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

►

organ1zat1on meets the "facts-and-circumstances" test. The organizat1on qualifies as a publ1cly supported organization D

**18 Private foundation.** If the organrzat1on did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►D

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

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2018.05020 Children's Hospital Corpora CH. 1

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(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

guahfy under the tests listed below1 please complete Part II)

**Section A. Public Support**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Calendar year (or fiscal year** beginning in)►   1. Gifts, grants, contnbutIons, and membership fees received (Do not include any "unusual grants ") 2. Gross receipts from adm1ss1ons, merchandise sold or services per- formed, or fac1htIes furnished In any actIvIty that Is related to the organization's tax-exempt purpose 3. Gross receipts from act1vit1es that are not an unrelated trade or bus- iness under section 513 4. Tax revenues levied for the organ- Ization's benefit and either paid to or expended on its behalf 5. The value of services or fac1hties furnished by a governmental unit to the organization without charge 6. **Total.** Add lines 1 through 5 7aAmounts included on lines 1, 2, and   3 received from disquahf1ed persons  **b** Amounts included on Imes 2 and 3 received from other than d1squalif1ed persons that exceed the greater of $5,000 or 1% of the  amount on line 13 for the year  **c** Add lines ?a and ?b  **8 Public suooort.** /Ouhtr>ct line 7r. from *lme* 6 l | **(a)** 2014 | **(bl** 2015 | **(c)** 2016 | **(d)** 2017 | **(e)** 2018 | **(f)** Total |
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**Section B. Total Support**

►

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **(a)** 2014 | **(b)** 2015 | **(c)** 2016 | **(d)** 2017 | **(e)** 2018 | **(f)** Total |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**Calendar year (or fiscal year** beginning in)

**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 1Oa and 10b

1. Net income from unrelated business actIvItIes not included in line 1Ob, whether or not the business Is regularly carried on
2. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )
3. **Total support** (Add Jines 9, 10c, 11, and 12)
4. **First ftve years.** If the Form 990 ts for the organization's first, second, third, fourth, or fifth tax year as a section 501(c}(3} organization, check this box and **stop here**

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

**19a 33 1/3% support tests** - **2018.** If the organization did not check the box on line i 4, and line i 5 is more than 33 1/3%, and line 17 ts not more than 33 1/3%, check this box and**stop here.** The organization qualifies as a publicly supported organIzat1on

►

**b 33 1/3% support tests** - **2017.** If the organization did not check a box on hne 14 or hne 19a, and hne 16 JS 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 D

**20 Private foundation.** If the organization did not check a box on line 141 19a 1 or 19b, check this box and see instructions ►D

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**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? *If "No," descnbe in* **Part VI** *how the supported organizations are designated If designated by class or purpose, descnbe the designation If h!stonc and contmumg relatIonshIp, exp/am* 2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If* "Yes," *exp/am m* **Part VI** *how the organization determmed that the supported organization* was *descnbed m section 509(a)(1) or (2)*   **3a** Did the organization have a supported organization described In section 501(c)(4), (5), or (6)? *If "Yes," answer*  *(b) and (c) below*   * 1. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and sat1sfIed the public support tests under section 509(a)(2)? *If* "Yes," *descnbe m* **Part VI** *when and how the organization made the determmatIon*   2. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If* "Yes," *explain m* **Part VI** *what controls the organization put m place to ensure such* use   **4a** Was any supported organization not organized In the United States ("foreign supported organization")? *If*  "Yes," *and If you checked 12a or 12b m Part I, answer (b) and (c) below*   1. Did the organization have ultimate control and d1scret1on In deciding whether to make grants to the foreign supported organization? *If* "Yes," *descnbe m* **Part VI** *how the organization had such control and discretion despite bemg controlled or supervised by or m connection with* ,ts *supported organizations* 2. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *exp/am m* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organizat/On* was *used exclus,vefy for section 170(c)(2)(B) purposes*   **Sa** Did the organization add, substitute, or remove any supported organizations dunng the tax year? *If* "Yes," *answer (b) and (c) below (If applicable) Also, provide detail m* **Part VI,** *mcludmg (1) the* names *and EIN numbers of the supported organizations added, substituted, or removed, (!lj the* reasons *for each such action, (lllj the authonty under the organization's organizmg document authonzmg such action, and (iv) how the action* was *accomplished (such* as *by amendment to the organizmg document)*   1. **Type** I **or Type** II **only.** Was any added or substituted supported organization part of a class already designated In the organIzatIon's organizing document? 2. **Substitutions only.** Was the substItut1on the result of an event beyond the organization's control? 3. Did the organization provide support (whether in the form of grants or the provIsIon of services or fac11it1es) to anyone other than (1) its supported organizations, (11) 1nd1viduals that are part of the charitable class benefited by one or more of its supported organizations, or (111) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail m* **Part VI.** 4. 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? *ff* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)* 5. Did the organization make a loan to a disqualified person (as defined in section 4958) not described In line 77   *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*  **9a** Was the organization controlled directly or indirectly at any time dunng the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described In section 509(a)(1) or (2))? *If* "Yes," *provide detail m* **Part VI.**   * 1. Did one or more d1squalifIed persons (as defined In line 9a} hold a controlling interest in any entity In which the supporting organization had an interest? *If* "Yes," *provide detail m* **Part VI.**   2. Did a d1squalif1ed person (as defined in line 9a) have an ownership interest in, or denve any personal benefit from, assets In which the supporting organization also had an interest? *If* "Yes," *provide detail m* **Part VI.**   **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type Ill non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below*  **b** Did the organIzatIon have any excess business holdings in the tax year? *(Use Schedule* C, *Form 4720, to*  *determme whether the organization had* excess busmess *holdm* as J | **1** |  |  |
| **2** |  |  |
| **3a** |  |  |
| **3b** |  |  |
| **3c** |  |  |
| **4a** |  |  |
| **4b** |  |  |
| **4c** |  |  |
| **Sa** |  |  |
| **Sb** |  |  |
| **Sc** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9a** |  |  |
| **9b** |  |  |
| **9c** |  |  |
| **10a** |  |  |
| **10b** |  |  |

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 **Supporting Organizations**



|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| **11** Has the organization accepted a gift or contribution from any of the following persons?   1. 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? 2. A family member of a person described 1n (a) above? 3. A 35% controlled ent1t of a erson described In a or b above?*If "Yes" to a, b, or c, provide detail m* **Part VI.** | **11a** |  |  |
| **11b** |  |  |
| **11c** |  |  |

**Section B. Type** I **Supporting Organizations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| 1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a maJority of the organization's directors or trustees at all times during the tax year? *If "No," descnbe m* **Part VI** *how the supported organ1zat1on(s) effectJVe!y operated, supervised, or controlled the organtzat1on's actIv1tIes If the organ1zatIon had more than one supported organtzatIon,*   *descnbe how the powers to appomt and/or remove d1rectors or trustees were a/located among the supported organtzat1ons and what condIt1ons or restncttons, tf any, applied to such powers durmg the tax year*   1. Did the organization operate for the benefit of any supported organization other than the supported organizat1on(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *exp/am m* **Part VI** *how prov1dmg such benefit earned out the purposes of the supported organ1zat1on(s) that operated,*   *supervised, or controlled the supportmg orgamzation* | **1** |  |  |
| **2** |  |  |

**Section C. Type** II **Supporting Organizations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| **1** *Were* a maJority of the organization's directors *or* trustees during the tax year also a maJonty of the directors or trustees of each of the organization's supported organizat1on(s}? *If "No," descnbe m* **Part VI** *how control or management of the supportmg orgamzat1on* was *vested m the* same *persons that controlled or managed*  *the supported organ1zation(s)* | **1** |  |  |

**Section D. All Type** Ill **Supporting Orgamzat,ons**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| 1. Did the organization provide to each of its supported organizations, by the last day of *the* fifth month of *the* organization's tax year, (1) a written notice descnbing the type and amount of support provided dunng the pnor tax year, (1Q a copy of the Form 990 that was most recently filed as of the date of notif1cat1on, and (111) copies of the organization's governing documents in effect on the date of not1f1cat1on, to the extent not previously provided? 2. Were any of the organization's officers, directors, or trustees either (1) appointed or elected by the supported organizat1on(s) or (11) serving on the governing body of a supported organization? *If "No," exp/am m* **Part VI** *how the organization mamtamed* a close *and contmuous working re!at1onshIp with the supported organ1zat1on(s)* 3. By reason of the relat1onsh1p described 1n (2), did the organization's supported organizations have a s1gnif1cant voice 1n the organization's investment policies and 1n directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *descnbe m* **Part VI** *the role the orgamzat1on's*   *supported orgamzattons played m this regard* | **1** |  |  |
| **2** |  |  |
| **3** |  |  |

**Section E. Type** Ill **Functionally Integrated Supporting Organizations**

1. *Check the box next to the method that the organ1zatIon used to satisfy the Integral Part Test dunng the* yea(see **mstruct1ons).**
   1. D The organrzat1on satisfied the Activities Test *Complete* **lme 2** *below*
   2. D The organrzat1on 1s the parent of each of its supported organizations *Complete* **lme 3** *be/ow*
   3. D The organrzat1on supported a governmental entity *Describe m* **Part VI** *how you supported a government entity (see mstruct1ons)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| 1. Did substantially all of the organization's act1vit1es dunng the tax year directly further the exempt purposes of the supported organizat1on(s) to which the organization was responsive? *ff "Yes," then m* **Part VI Identify those supported organizations and explam** *how these act1Vit1es directly furthered thetr exempt purposes, how the orgamzatton* was *responsJVe to those supported orgamzatIons, and how the orgamzat1on determmed that these actJVJttes constituted substantially all of* its *actIvIt1es* 2. Did the act1v1ties descnbed 1n (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organizat1on(s) would have been engaged in? *If* "Yes," *exp/am m* **Part VI** *the reasons for the organtzat1on* 's *pos1tIon that* its *supported orgamzat1on(s) would have engaged m these actIv1tIes but for the organtzatIon* 's *mvolvement*   **3** Parent of Supported Organ1zat1ons **Answer (a) and (b) below.**   1. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organ1zat1ons? *Provide details m* **Part VI** 2. Did the organization exercise a substantial degree of direction over the policies, programs, and activ1t1es of each   of its supported ornanizat1ons? *If* "Yes, " *descnbe m* **Part VI** *the role o/aved bv the oraantzatJon m this reaard* | **2a** |  |  |
| **2b** |  |  |
| **3a** |  |  |
| **3b** |  |  |

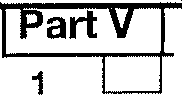
1. Activities Test **Answer (a) and (b) below.**

832025 10-11-18 **Schedule A (Form 990 or 990-EZ) 2018**

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**Type Ill Non-Functionally Integrated 509(a)(3) Supporting Organizations**



Check here 1f the organization sat1sf1ed the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain 1n Part VI.) **See instructions.** All other Type Ill non-funct1onallv intearated supportina oraan1zat1ons must compIete Sections A throuah E

|  |  |  |  |
| --- | --- | --- | --- |
| **Section A - Adjusted Net Income** | | (A} PnorYear | (B) Current Year (optional) |
| **1** Net short-term capital gain | **1** |  |  |
| **2** Recoveries of pnor-vear d1stribut1ons | **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}** PnorYear | (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 secunt1es | **1a** |  |  |
| **b** Average monthly cash balances | **1b** |  |  |
| **c** Fair market value of other non-exempt-use assets | **1c** |  |  |
| ***d* Total** (add lines 1a, 1b, and 1c) | **1d** |  |  |
| **e Discount** claimed for blockage or other  factors (explain 1n detail 1n **Part VI)** |  | |  |
| **2** Acquisition indebtedness aPPlicable to non-exempt-use assets | **2** |  |  |
| **3** Subtract line 2 from line 1 d | **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 pnor-year d1stnbut1ons | **7** |  |  |
| **8 Minimum Asset Amount** *(add* line 7 to line 6) | **8** |  |  |
| **Section C - Distributable Amount** | |  | Current Year |
| **1** AdJusted net income for pnor 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 1n prior year | **5** |  |  |
| **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporarv reduction (see 1nstruct1ons) | **6** |  |  |

**7** LJ Check here if the current year is the organ1zat1on's first as a non-functional!y integrated Type Ill SUpp ort1ng organization see

instructions

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

832026 10-11-18

**14360715 353314 CH**

**19**

**2018.05020 Children's Hospital Corpora CH l**

Schedule A (Form 990 or 990-EZl 2018 Children s Hospital Corporation 04-2774441 Paae7

**I Part V I Type Ill Non-Functionally Integrated 509(a){3) Supporting Organizations** *fmntin11Arll*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section D • D1stnbutions** | | | | **Current Year** |
| **1** | Amounts paid to supported orqanizat1ons to accomplish exempt purposes | | |  |
| **2** | Amounts paid to perform activity that directly furthers exempt purposes of supported  orqanizat1ons, 1n excess of income from act1v1tv | | |  |
| **3** | Adm1n1strat1ve expenses paid to accomplish exempt purposes of suooorted oroanizat1ons | | |  |
| **4** | Amounts paid to acquire exempt-use assets | | |  |
| **5** | Qualified set-aside amounts (pnor IRS approval required) | | |  |
| **6** | Other distributions (describe rn **Part Vil** See 1nstruct1ons | | |  |
| ***7*** | **Total annual distr1butIons.** Add lines 1 through 6 | | |  |
| **8** | D1stnbutions to attentive supported organizations to which the organization 1s responsive  (provide details rn **Part Vil** See instructions | | |  |
| **9** | Distributable amount for 2018 from Section C, line 6 | | |  |
| **10** | Line 8 amount d1v1ded bv line 9 amount | | |  |
| **Section E - Distribution Allocations** (see instructions) | | **(1)**  **Excess DIstribut1ons** | **(1i)**  **UnderdIstnbutions Pre-2018** | **(111)**  **Distributable Amount for 2018** |
| **1** | Distributable amount for 2018 from Section C, line 6 |  |  |  |
| **2** | Underd1stributions, if any, for years prior to 2018 (reason-  able cause required- explain rn **Part VI)** See instructions |  |  |  |
| **3** | Excess d1stribut1ons carryover, 1f any, to 2018 |  |  |  |
| **a** | From 2013 |  |  |  |
| **b** | From2014 |  |  |  |
| **c** | From 2015 |  |  |  |
| **d** | From2016 |  |  |  |
| **e** | From2017 |  |  |  |
| **f** | **Total** of lines 3a throuqh e |  |  |  |
| **g** | Aoolied to underd1stribut1ons of prior vears |  |  |  |
| **h** | Applied to 2018 distributable amount |  |  |  |
| I | Carrvover from 2013 not aoolied (see 1nstruct1ons) |  |  |  |
| **J** | Remainder Subtract lrnes 3q, 3h, and 31 from 3f |  |  |  |
| **4** | D1stnbut1ons for 2018 from Section D,  line 7· $ |  |  |  |
| **a** | Applied to underdistnbutions of prior years |  |  |  |
| **b** | Applied to 2018 distributable amount |  |  |  |
| **c** | Remainder Subtract lines 4a and 4b from 4. |  |  |  |
| **5** | Remaining underd1stribut1ons for years prror *to* 2018, if  any Subtract lines 3g and 4a from line 2 For result greater than zero, explain 1n **Part VI.** See 1nstruct1ons |  |  |  |
| **6** | Remaining underdistrrbutions for 2018 Subtract Imes 3h and 4b from line 1 For result greater than zero, explain 1n  **Part VI.** See instructions |  |  |  |
| **7** | **Excess dIstribut1ons 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**

832027 10-11-18

**20**

**?.018.05020 Children's Hosnital Cornora CH** 1

Schedule A Form 990 or 990- 2018 Children's Hospital Corporation 04-2774441 Pa e **8**

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

See 1nstruct1ons.

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

Parking Revenue Cafeteria Revenue

|  |  |  |
| --- | --- | --- |
| 832028 10-11-18 |  | **Schedule A (Form 990 or 990-EZ) 2018**  21 |
| **14360715 353314** | **CH** | **2018.05020 Children's Hospital Corpora CH 1** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Schedule B**  (Form 990, 990-EZ, or 990-PF)  Department of the Treasury  Internal Revenue Service | * **Schedule of Contributors** * Attach to Form 990, Form 990-EZ, or Form 990-PF.   Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information. | | 0MB No 1545-0047  **2018** |
| Name of the organization  Children's Hospital Corporation | | Employer 1dent1f1cat1on number  04-277 4441 | |

Organization type(check one)

**Filers of. Section:**

Form 990 or 990-EZ

Form 990-PF

W 501(c)( 3 ) (enter number) organization

D 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

D 527 political organization

D 501(c)(3) exempt private foundation

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

D 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Spec,al Rules**

W 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 contnbutrons of the greater of **(1)** $5,000, or **(2)** 2% of the amount on (1) Form 990, Part VIII, line 1h, or (1Q Form 990-EZ, line 1 Complete Parts I and II

D For an organization described in section 501(c)(7), (8), or (1O) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than *$1,000 excluswely for* re/1g1ous, charitable, sc1erit1fic, literary, or educational purposes, or *for the*

prevention of cruelty to children or animals Complete Parts I (entering "N/A" 1n column (b) instead of the contributor name and address), II, and Ill

D For an organization described 1n section 501(c)(7), (8), or (1O) 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 *excluswely* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because 1t received *nonexc/us1vely*



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 1t doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the mstruct1ons for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823451 11-08-18

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

Name of organization

**Employer 1dent1f1catlon number**

Children's Hospital Corporation

04-2774441

**(a) No.**

1

**(b)**

**Name, address, and ZIP** + **4**

**(c)**

**Total contributions**

$ 14-'-,4\_7\_9--',\_9\_8\_1\_.

**(d)**

**Type of contribution**

**Person** CKJ

**Payroll** D

**Noncash** D

(Complete Part II for noncash contnbut1ons)

**(a) No.**

2

**(b)**

**Name, address, and ZIP** + **4**

**(c)**

**Total contributions**

$ 15,000,000.

**(d)**

**Type of contribution**

**Person** w

**Payroll** D

**Noncash** D

(Complete Part II for noncash contnbut1ons)

**(a) No.**

3

**(b)**

**(c)**

**Total contributions**

$ 14,698,132.

**(d)**

**Type of contribution**

**Person** w

**Payroll** D

**Noncash** D

(Complete Part II for noncash contributions)

* 1. (b)

**No. Name, address, and ZIP** + **4**

4

**(c) (d)**

**Total contributions Type of contribution**

**Person** w

**Payroll** D

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

(Complete Part II for noncash contributions)

**(a)**

**No.**

**(b)**

**Name, address, and ZIP** + **4**

**(c)**

**Total contributions**

$

**(d)**

**Type of contribution**

**Person** D

**Payroll** D

**Noncash** D

(Complete Part II for noncash contributions)

**(a) No.**

**(b)**

**Name, address, *and* ZIP** + **4**

**(c)**

**Total contributions**

$

**(d)**

**Type of contribution**

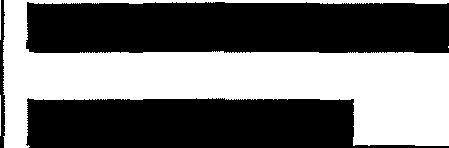
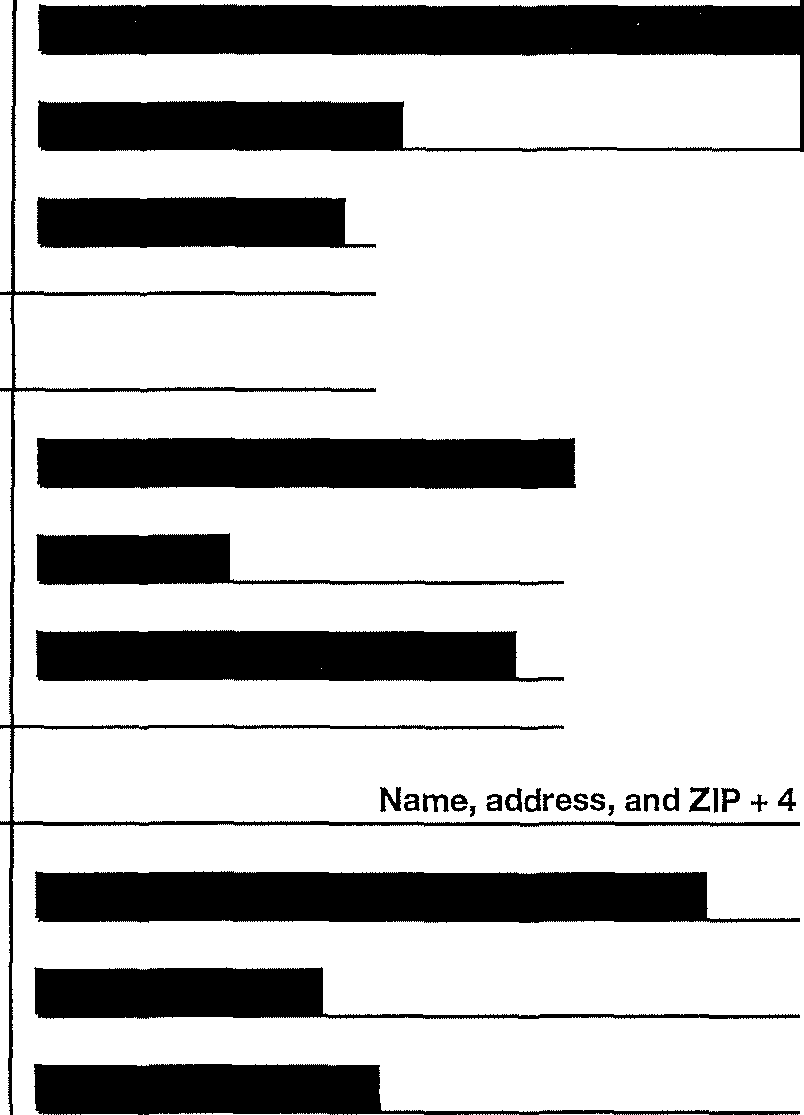
***Person*** D

**Payroll** D

**Noncash** D

(Complete Part II for noncash contnbut1ons)

823452 11-08-18



14360715 353314 CH

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

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Name of organization

**Employer 1dentif1cation number**

Children's Hospital Corporation

04-2774441

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if add1t1onal space 1s needed.

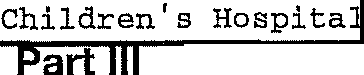
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(a) No. from Part** I | **(b)**  **Description of noncash property given** | **(c)**  **FMV (or estimate)**  (See 1nstruct1ons ) | | **(d)**  **Date received** |
| --- |  | $ |  |  |
|  |
|  |
|  |
|  |  |  |
| **(a) No. from**  **Part** I | **(b)**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

823453 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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2018.05020 Children's Hospital Corpora CH 1

Use duphcate copies of Part Ill If additional space 1s needed



Name of organization

**Employer 1dent1f1cation number**

Corporation

04-2774441

**Exclusively rehg1ous, charitable, etc, contributions to organizations described m 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 Ill, enter the total of exclusively rellglous, charitable, etc , contnbut,ons of **$1,000 or less** for the year (Enterth1s info once)

* $

\_

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

823454 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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14360715 353314 CH 2018.05020 Children's Hospital Corpora CH. l

|  |  |  |
| --- | --- | --- |
| **SCHEDULE C**  (Form 990 or 990-EZ)  Department of the Treasury  Internal Revenue Service | **Political Campaign and Lobbying Activities**   * For Orgamzat1ons Exempt From Income Tax Un►der section 501(c) and section 527 Comp►lete 1f the organization 1s described below. Attach to Form 990 or Form 990-EZ.   Go to [www.1rs.gov/Form990](http://www.1rs.gov/Form990) for instructions and the latest information. | 0MB No 1545-0047 |
| **2018**  **Open to Public Inspection** |

**If the orgamzat1on answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (PohtIcal Campaign Activities), then**

* Section 501(c)(3) organizations· Complete Parts I-A and B. Do not complete Part 1-C
* Section 501(c) (other than section 501(c)(3)) organizations· Complete Parts I-A and C below. Do not complete Part 1-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 11-B
* Section 501(c}(3) organizations that have NOT filed Form 5768 (election under section 501(h}} Complete Part 11-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 or 6 or anizat1ons Com lete Part Ill

Name of organization

Children's Hospital Corporation

**Employer 1dentif1cat1on number**

04-2774441



**omplete if the organization is exempt un er section 501 c or is a section 527 organization.**

1. Provide a descnpt1on of the organization's direct and indirect political campaign activ1t1es in Part IV
2. Pollt1cal campaign act1v1ty expenditures
3. Volunteer hours for political campaign activ1t1es

j **Part 1-B** j **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, d1d 1t file Form 4720 *for* this year?

**4a** Was a correction made?

**b** If "Yes," describe 1n Part IV

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

$► - ---.-□

--,-Y--es- --,--L-J-,-N-o-

LJ **yes** UNo

j **Part 1-C**l **Complete if the organization 1s 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 act1vit1es ► $

----------

1. Enter the amount of the filing organization's funds contributed to other organizations for section 527

exempt function act1v1ties

1. Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
2. Did the filing organization file **Form 1120-POL** for this year?
   * $ ----------
   * $ --.---.----..--...---

0

**Yes** LJ **No**

1. Enter the names, addresses and employer identif1cat1on 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 orgamzat,on, such as a separate segregated fund or a political action committee (PAC) If add1t1onal space is needed, provide information in Part lV

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(a)** Name | (b)Address | **(c)** ElN | **(d)** Amount paid from filing organization's  funds lf 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.**

LHA

832041 11-08-18

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

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ScheduleC(Form990or990-EZ)2018 Children's Hospital Corporation 04-2774441 Page2

I I

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

►

1. Check LJ if the 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)

1. Check ►□ if the filing organization checked box A and "limited control" prov1s1ons aPPlv

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **L1mIts on Lobbying Expenditures**  **(The term "expenditures" means amounts paid or incurred.)** | | | **(a)** Filing organization's  totals | **(b)** Affiliated group totals |
| **1a** Total lobbying expenditures to influence public op1n1on (grass roots lobbying)   1. Total lobbying expenditures to influence a leg1slat1ve body (direct lobbying) 2. Total lobbying expenditures (add lines 1a and 1b} 3. Other exempt purpose expenditures 4. Total exempt purpose expenditures (add lines 1c and 1d) 5. Lobbying nontaxable amount Enter the amount from the followina table 1n 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,DDD,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,ODO ODO | $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- | | |  |  |
|  |  |
|  |  |

If there 1s an amount other than zero on either line 1h or line 11, did the organization file Form 4720

reporting section 4911 tax for this year? **Dves**

**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 Imes 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

□ **No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Calendar year  (or fiscal year beginning 1n) | **(a)** 2015 | **(b)** 2016 | **(c)** 2017 | **(d)** 2018 | **(e)** Total |
| **2a** Lobbying nontaxable amount |  |  |  |  |  |
| **b** Lobbying ce1l1ng amount (150% of line 2a, column(e)) |  |  |  |  |  |
| **c** Total lobby1nQ expenditures |  |  |  |  |  |
| **d** Grassroots nontaxable amount |  |  |  |  |  |
| **e** Grassroots ceiling amount (150% of line 2d, column (e)) |  |  |  |  |  |
| **f** Grassroots lobbv1nQ expenditures |  |  |  |  |  |

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

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

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Page3

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

|  |  |  |  |
| --- | --- | --- | --- |
| *For each "Yes," response on Imes 1a through 1t below, provide m Part IV a detatfed description of the lobbymg actw1ty* | **(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   1. Volunteers? 2. Paid staff or management (include compensation In expenses reported on lines 1c through 11)? 3. Media advertisements? 4. Mailings to members, legislators, or the public? 5. Publications, or published or broadcast statements? 6. Grants *to* other organizations for lobbying purposes? 7. Direct contact with legislators, their staffs, government offIcIals, or a leg1slat1ve body? 8. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   I Other actIv1tIes?  I Total Add lines 1c through 11  **2a** Did the activ1t1es 1n line 1 cause the organ1zatIon to be not described In section 501(c)(3)7   1. If "Yes," enter the amount of any tax incurred under section 4912 2. If "Yes," enter the amount of any tax incurred by organ1zatIon managers under section 4912 3. If the fi1Ina oraanizat1on incurred a section 4912 tax, did It file Form 4720 for this vear? | **X** |  |  |
| **X** |  |
|  | X |  |
| **X** |  | 158,793, |
|  | **X** |  |
| **X** |  | 120,000, |
| **X** |  | 532,451, |
|  | **X** |  |
|  | **X** |  |
|  |  | 811,244. |
|  | **X** |  |
|  |  |  |
|  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| 1. Were substantially all (90% or more) dues received nondeductible by members? 2. Did the organization make only in-house lobbying expenditures of $2,000 or less? 3. Did the oraarnzatIon aaree to carrv over lobbvina and oohtical camoai□n activity exoenditures from the pnor vear? | 1 |  |  |
| **2** |  |  |
| **3** |  |  |

I**Part 111-B** I **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 Ill-A, Imes 1 and 2, are answered 11N o,11 OR (b) Part Ill-A, lme 3, Is answered" Yes.11**

|  |  |
| --- | --- |
| 1. Dues, assessments and sImIlar amounts from members 2. Section 162(e) nondeductible lobbying and political expenditures **(do not mclude amounts of poht1cal expenses for which the section 527(f) tax was pard).**    1. Current year    2. Carryover from last year    3. Total 3. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5. Taxable amount of lobbvIna and political expenditures (see instructions) | **1** |
| **2a** |
| **2b** |
| **2c** |
| **3** |
| **4** |
| **5** |

**!Part IV** I **Supplemental Information** Provide the descriptions required for Part I-A, line 1, Part 1-8, line 4, Part 1-C, line 5; Part II-A (affiliated group 11st), Part II-A, lines 1 and 2 (see instructions); and Part ll-8, line 1 Also, complete this part for any additional information

Part II-B Line 1

Children's Hospital is a section 50l(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

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



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**I Part IV I 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

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

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**2018.05020 Children's Hospital Corpora CH**

**l**

**I Part IV I Supplemental Information** *(contmued)*

Arny DeLong Registered Lobbyist

Children's Hospital personnel

$56,946

Sandra Fenwick Registered Lobbyist

Children's Hospital personnel

$8,377

Kathryn Audette

Children's Hospital personnel

$66,043

Katherine Ginnis

Children's Hospital personnel

$21,203

Jamie Gaynes

Children's Hospital personnel

$75,338

Joe Grant Consultant

Grant Associates

130 Bowdoin Street - Suite 1706, Boston, **MA** 02108

$40,000

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

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**?.018.05020 Children's Hosnital Cornora CH 1**



**I Part IV I 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,

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**14360715 353314 CH**

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

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**2018.05020 Children's Hospital Corpora CH 1**

##### SCHEDULED

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements**

Complete 1f 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 1rs. ov/Form990 for instructions and the latest information.

0MB No 1545-0047

**2018**

Open to Public

Inspection

**Name of the organization Employer 1dentif1cat1on number**

Children's Hospital Corporation 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

1. Total number at end of year

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

1. Aggregate value of contributions to (during year)
2. Aggregate value of grants from (during year)
3. Aggregate value at end of year
4. 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?
5. 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

im erm1ssible nvate benefit?

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)

**DYes**

**DYes**

□No

* No

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

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

D Preservation of open space

1. Complete lines 2a through 2d If the organization held a qualIf1ed conservation contribution In the form of a conservation easement on the last day of the tax year

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

* 1. Total number of conservation easements
  2. Total acreage restricted by conservation easements
  3. Number of conservation easements on a cert1fIed historic structure included in (a)
  4. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
* \_

1. Number of conservation easements modIf1ed, transferred, released, extingwshed, or terminated by the organization during the tax y ear

* \_

1. Number of states where property subject to conservation easement Is located
2. Does the organization have a written policy regarding the penodIc monItonng, inspection, handling of

violations, and enforcement of the conservation easements 1t holds? **Dves**

* **No**

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

►

1. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

►

$

1. Does each conservation easement reported on line 2(d) above satisfy the reqwrements of section i 70(h)(4)(B)(i)

and section i 70(h)(4)(B)(n)? Dves □ **No**

1. 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 f1nanc1al statements that describes the organ1zat1on's accounting for conservation easements

I

j **Part** Ill **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete 1fthe organization answered "Yes" on Form 990, Part IV, line 8

**1a** If the organization elected, as permitted under SFAS ii 6 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhib1tIon, education, or research in furtherance of public service, provide, in Part XII!, the text of the footnote to its fInancIal statements that describes these items

**b** If the organization elected, as permitted under SFAS i 16 (ASC 958), to report In its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhIb1tion, education, or research In furtherance of public service, provide the following amounts

relating to these items ►

►

1. Revenue included on Form 990, Part VIII, line i $

**(1i)** Assets included in Form 990, Part X $

1. If the organization received or held works of art, historical treasures, or other sIm1lar assets for financial gain, provide

the following amounts required to be reported under SFAS ii 6 (ASC 958) relating to these items

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

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

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* + $

$

►

**Schedule *D* (Form 990) 2018**

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

1. Using the organization's acquisition, accession, and other records, check any of the following that are a s1gnlf1cant use of its collection items (check all that apply):
2. D Public exh1b1t1on
3. D Scholarly research
4. D Preservation for future generations
5. D Loan or exchange programs

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

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

to be sold to raise funds rather than to be ma1nta1ned as art of the or anizat1on's collection? D **Yes** D **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 1ntermed1ary for contributions or other assets not included on Form 990, Part X?

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

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

**DYes**

□**No**

1. Beginning balance
2. Add1t1ons during the year
3. D1stribut1ons during the year
4. Ending balance

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account l1ab11ity ?

b If "Yes" exola1n the arranaement 1n Part XIII. Check here 1fthe exolanat1on has been orov1ded on Part XIII

I **Part V** I **Endowment Funds.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 1O

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **(al** Current year | **(bl** Prior year | **(cl** Two years back | **(dl** Three years back | **(el** Four years back |
| 1,162,157,000, | 1,134,782,000. | 1,007,240,000, | 939,779,000, | 976,027,000. |
| 21,654,000, | -461,000, | 11,924,000, | 33,474,000, | 26,449,000. |
| 7,419,000, | 32,789,000, | 152,501,000. | 77,339,000, | -22,205,000. |
|  |  |  |  |  |
| 19,871,000, | 4,953,000. | 36,883,000, | 43,352,000, | 40,492,000, |
|  |  |  |  |  |
| 1,171,359,000, | 1,162,157,000. | 1,134,782,000. | 1,007,240,000, | 939,779,000. |

**LJYes** LJNo

### D

**1a** Beginning of year balance

**b** Contributions

**C** Net investment earnings, gains, and losses

1. Grants or scholarships
2. Other expenditures for facilities and programs
3. Admin1strat1ve expenses
4. End of year balance

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



1. Board designated or quasi-endowment 57.21 %

►

1. Permanent endowment 2o • 33 %
2. 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

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **3a(1l** |  | **X** |
| **3a(11l** |  | **X** |
| **3b** |  |  |

**(11** unrelated organizations

**(111** related organizations

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

**4** Describe in Part **XIII** the intended uses of the or anization'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 | **(al** Cost or other basis (investment) | **(bl** Cost or other basis (other) | **(c)** Accumulated  depreciation | **(d)** Book value |
| **1a** Land |  | 12,619,348, |  | 12,619,348. |
|  | 1,943,188,590, | 1,146,409,357, | 796,779,233. |
| **b** Buildings |
|  |  |  |  |
| **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 throuah 1e *(Column (d) must eaua/ Form 990, Part X, column (BJ, !me 1Oc* ) | | | ► | 1,366,902,736, |

**Schedule D (Form 990) 2018**

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**Part VII Investments - Other Securities.**

Complete 1f the organization answered "Yes" on Form 990, Part IV, hne 11 b See Form 990, Part X, line 12

|  |  |  |
| --- | --- | --- |
| **(a)** Description of security or category (including name of security) | **(b)** Book value | **(c)** Method of valuation Cost or end-of-year market value |
| 1. F1nanc1al derivatives 2. Closely-held equity interests 3. Other |  |  |
|  |  |
|  |  |
| (A) 3rd Pty External Administered Trusts | 50,447,805, | End-of-Year Market Value |
| /B) Abrams Capital | 28,674,352, | End-of-Year Market Value |
| (C) AKO European Long-Only Fund | 23,474,245, | End-of-Year Market Value |
| (D) Bain Cap Distr & Special Situations | 4,409,375. | End-of-Year Market Value |
| (E) Bain Capital Fund IX | 746,396, | End-of-Year Market Value |
| (F) Bain Capital Fund X | 1,278,654, | End-of-Year Market Value |
| (G) Bain Capital Venture Fund 2012 | 1,719,910, | End-of-Year Market Value |
| (H) Bain Capital Venture Fund 2014 ► | 5,347,763, | End-of-Year Market Value |
| **Total** (Col lb) must equal Form 990, PartX, col. (B) line 12) | 1,124,465,251, |  |

I**Part VIIII Investments - Program Related.**

Comp Iete 'If t he orqanizat1on answered "Yes" on Form 990, Part IV' \1' ne 11 C See Form 990, Part X,I 1ne 3

|  |  |  |
| --- | --- | --- |
| **(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)** |  |  |
| **(81** |  |  |
| (9) ► |  |  |
| Total (Col. (bl must equal Form 990, PartX, col (B) line 13.l |  |  |

**I Part IX I Other Assets.**

Complete 1f the organization answered "Yes" on Form 990, Part IV, hne 11 d 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,* co/ *(B) /me 15)* ► | 2,943,357,342. |

I **Part X I Other Liabilities.**

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

|  |  |
| --- | --- |
| **1. (a)** Description of liab1hty | **(bl** Book value |
| /1) Federal income taxes |  |
| (2) Estimated Final Settlement Due to Third Party |  |
| (3) Payers & Deferred Revenue | 29,499,366. |
| (4) Estimated Insured Professional Liability Losses | 43,804,270, |
| (5) Salary & Other Benefits | 897,268, |
| (6) Funds Held for Others | 32,832,917, |
| (7) Reserve for Medical Malpractice | 4,547,858, |
| (8) Other Liabilities - Miscellaneous | 10,330,502. |
| (9) Lease Obligations | 26,364,338, |
| ***Total.*** *(Column (b) must equal Form 990, Part X, col (B) /me 25)* ► | 444,575,379. |

1. Liab1hty for uncertain tax pos1t1ons. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's hab1\ity for uncertain tax pos1t1ons under FIN 48 (ASC 740) Check here 1f the text of the footnote has been provided in Part XIII CiJ

Schedule **D** (Form 990) 2018

832053 10-29-18

See Part XIII for Continuations

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Schedule D Form 990 201B Children's Hospital Corporation 04-2774441 Pa **e4**

**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 f1nanc1al statements 2. Amounts included on line **1** but not *on* Form 990, Part VIII, line 12:    1. Net unrealized gains (losses) on investments    2. Donated services and use of fac11it1es    3. Recoveries of pnor year grants    4. Other (Describe In Part **XIII)**    5. Add lines **2a** through **2d** 3. Subtract line **2e** from line **1** 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 **b** Other (Describe 1n Part XIII )   **c** Add lines **4a** and **4b**  **5** Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, !me 12)* |  | | | **1** |  |
| **2e** |  |
|  | **2a** |  |
| **2b** |  |
| **2c** |  |
| **2d** |  |
| **I 4a I** | | |
| **3** |  |
| **4c** |  |
|  | **4b** |  |
|  | | |
| **5** |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Total expenses and losses per audited financial statements 2. Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | **1** |
| **2e** |
| 1. Donated services and use of fac11it1es 2. Pnor year adjustments 3. Other losses 4. Other (Describe in Part XIII ) | **2a** |  |
| **2b** |  |
| **2c** |  |
| **2d** |  |
| **e** Add lines **2a** through **2d**   1. Subtract line **2e** from line **1** 2. Amounts included on Form 990, Part IX, lrne 25, but not on lrne 1    1. Investment expenses not included on Form 990, Part VIII, line 7b **I 4a I**    2. Other (Describe in Part **XIII.) 4b** | | |
| **3** |
| **4c** |
| **c** Add lines **4a** and **4b**  **5** Total expenses Add lrnes **3** and **4c.** *(This must eaua/ Form 990, Part I, line 18)* |  | |
| **5** |

**I Part XIIII Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9, Part Ill, lines **1**a and 4, Part IV, lines 1band 2b, Part V, line 4, Part X, line 2, Part **XI,** lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add1t1onal 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.

832054 10-29-18

**14360715 353314 CH**

**Schedule D (Form 990) 2018**

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**2018.05020 Children's Hospital Corpora CH l**

Form990 2018 Children's Hospital Corporation 04-2774441 Pa e5

**Supplemental Information** *(contmued)*

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Schedule **D** (Form 990) 2018

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

**I Part XIII I Supplemental Information** *(contmued)*

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

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832421 04-01-18

**Schedule D (Form 990)**

**37**

**14360715 353314 CH 2018.05020 Children's Hospital Corpora CH l**

|  |  |  |
| --- | --- | --- |
| **(a)** Descnpt1on of security or category (including name of security) | **(bl** Book value | **(c)** Method of valuation Cost or end-of-year market value |
|  |  |  |
| Baupost | 67,533,548. | FMV |
|  |  |  |
| Brookside Capital | 74,256. | FMV |
|  |  |  |
| Cornmure, Inc. | 407,999, | FMV |
|  |  |  |
| Convexity | 24,194. | FMV |
|  |  |  |
| Castanea Ventures III, LP | 1,621,710, | FMV |
|  |  |  |
| Castanea 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 |
|  |  |  |

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

**I Part XIII I Supplemental Information** *(continued)*

**I Part VII! Investments - Other Securities.** See Form 990, Part X, line i2.

Page5

|  |  |  |
| --- | --- | --- |
| **(a)** Description of secunty or category (including name of secunty) | **(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 |
|  |  |  |

832421 04-0 H *8* **Schedule D (Form 990)**

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**2018.05020 Children's Hospital Corpora CH 1**



**I Part XIII I Supplemental Information** *(contmued)*

**I Part VIII Investments - Other Securities.** See Form 990, Part X, line i 2

|  |  |  |
| --- | --- | --- |
| **(a)** Description of security or category (1nclud1ng name of security) | **(b)** Book value | **(c)** Method of valuation Cost or end-of-year market value |
|  |  |  |
| Nalanda | 22,900,504. | FMV |
|  |  |  |
| Park West Investors Ltd | 35,005,631. | FMV |
|  |  |  |
| Riverstone | 1,272,737. | FMV |
|  |  |  |
| Rivulet Capital Offshore Fund, Ltd. | 34,515,957. | FMV |
|  |  |  |
| Roundshield III, LP | 2,457,974. | FMV |
|  |  |  |
| Sankaty Credit Opport Fund IV | 718,629. | FMV |
|  |  |  |
| Sequoia Capital China Growth Fund v, L.P. | 2,638,287. | FMV |
|  |  |  |
| Sequoia Capital China Seed Fund I, L.P. | 258,329. | FMV |
|  |  |  |
| Sequoia Capital China Venture Fund VII, L.P. | 883,200. | FMV |
|  |  |  |
| Sequoia Capital Global Equities | 18,122,593. | FMV |
|  |  |  |
| Sequoia Capital Global Growth Fund II | 10,345,911. | FMV |
|  |  |  |
| Sequoia Capital Global Growth Fund III | 994,614. | FMV |
|  |  |  |
| Sequoia Capital India IV | 8,001,504. | FMV |
|  |  |  |
| Sequoia Capital India V | 4,385,954, | FMV |
|  |  |  |
| Sequoia Capital India VI | 1,629,517. | FMV |
|  |  |  |
| Sequoia Capital India seed Fund I Ltd. | 161,568. | FMV |
|  |  |  |
| Sequoia Capital U.S. Venture Fund XVI, L.P. | 296,159. | FMV |
|  |  |  |
| Sequoia China Growth III | 9,420,920. | FMV |
|  |  |  |
| Sequoia China Growth IV | 5,806,714. | FMV |
|  |  |  |
| Sequoia China Venture Fund IV | 1,179,411. | FMV |
|  |  |  |
| Sequoia China Venture Fund V | 1,597,597. | FMV |
|  |  |  |
| Sequoia China Venture Fund VI | 1,354,933. | FMV |
|  |  |  |
| Sequoia US GrowFund VII | 5,152,880, | FMV |
|  |  |  |
| Sequoia us Growth Fund VIII | 1,918,865. | FMV |
|  |  |  |
| Sequoia us Venture Fund XIV | 3,823,320. | FMV |
|  |  |  |
| Sequoia us Venture Fund xv | 1,285,024. | FMV |
|  |  |  |

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**Schedule D (Form 990)**

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**I Part XIII I Supplemental Information** *(contmued)*

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

|  |  |  |
| --- | --- | --- |
| **(a)** Description of security *or* category (1nclud1ng name of security) | **(b)** Book value | **(c)** Method of valuation Cost or end-of-year market value |
|  |  |  |
| SequoiaUSGrowFund V | 1,383,188, | FMV |
|  |  |  |
| SequoiaUSGrowFund VI | 2,960,264, | FMV |
|  |  |  |
| Somerset | 17,567,727, | FMV |
|  |  |  |
| SPUR Ventures II | 6,417,736, | FMV |
|  |  |  |
| Steadfast | 23,691,647, | FMV |
|  |  |  |
| Sunridge Agribusiness Opp, I, LP | 1,480,429, | FMV |
|  |  |  |
| Taris Biomedical | 4,590, | FMV |
|  |  |  |
| Tenfore Holdings Fund II, L,P, | 3,206,257, | FMV |
|  |  |  |
| Tourmaline Capital Fund II LP | 122,424, | FMV |
|  |  |  |
| Underscore VC Fund I, LP | 2,624,963, | FMV |
|  |  |  |
| Underscore, VC Fund II, L,P, | 818,784, | FMV |
|  |  |  |
| Union Park Capital II L,P, | 1,958,837, | FMV |
|  |  |  |
| Wellington - Energy | 7,390,039, | FMV |
|  |  |  |
| Wellington EM Opportunities | 34,415,384, | FMV |
|  |  |  |
| Wellington Ultra Short Duration | 159,605,707, | FMV |
|  |  |  |
| Westbrook IX | 1,536,120, | FMV |
|  |  |  |
| Westbrook X | 2,880,480, | FMV |
|  |  |  |
| Whale Rock Flagship Fund, LTD, | 15,136,039, | FMV |
|  |  |  |
| Blacksheep Fund | 8,740,176, | FMV |
|  |  |  |
| Incentive Active Value Long Only Fund | 9,380,303, | FMV |
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**Schedule D (Form 990)**

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

**I Part XIII I Supplemental Information** *(continued)*

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

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**Schedule D (Form 990)**

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**14360715 353314 CH 2018.05020 Children's Hospital Corpora CH 1**

|  |  |
| --- | --- |
| **(a)** Descnpt1on of habihty | (b)Amount |
| Interest Rate Swap Liability | 161,652,686, |
| Accrued Pension Cost | 119,537,473, |
| Cerner Contra Asset | 15,108,701, |
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| --- | --- | --- | --- |
| **SCHEDULE F**  (Form 990)  Department of the Treasury Internal Revenue Service | ►**Statement of Activities Outside the United States**  Complete 1f the organization►answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.   * Attach to Form 990.   Go to [www.1rs.gov/Form990](http://www.1rs.gov/Form990) for instructions and the latest information. | | 0MB No 1545-0047  **2018**  **Open to Public Inspection** |
| Name of the organization  Children's Hospital Corporation | | **Employer identification number**  04-2774441 | |

I Part I I **General Information on Activities Outside the United States.** Complete 1f the organization answered "Yes" on

Form 990, Part IV, line i4b

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 cntena used to award the grants or assistance? **Dves DNo**

1. **For grantmakers.** Describe 1n Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
2. Act1v1ties per Rer:11on (fhe followinr:i Part I, line 3 table *can* be duplicated 1f additional space 1s needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** Region | **(b)** Number of offices  1n the region | **(c)** Number of employees, agents, and 1naefrendent con ractors  in the rea1on | **(d)** Activities conducted in the region (by type) (such as, fundra1s1ng, pro- gram services, investments, grants to  recipients located 1n the region) | **(e)** If act1v1ty listed in (d) 1s a program service, describe specific type  of serv1ce(s) in the region | **(f)** Total expenditures  for and investments 1n the region |
| Central America & the Caribbean | 0 | 0 | Program Services | Patient Care, Research & Education | 49,653, |
| East Asia & The Pacific | 0 | 0 | Program Services | Patient Care, Research & Education | 225,203. |
| Europe | 0 | 0 | IProgram Services | Patient Care, Research & Education | 403,728, |
| Middle East and North Africa - | 0 | 0 | IProgram Services | IPatient 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, |
| **3a** Subtotal  **b** Total from cont1nuat1on sheets to Part I  **C Totals** (add hnes 3a  and 3b) | 0 | 0 |  |  | 1,328,923, |
| 0 | 0 |  |  | 475,280,923. |
| 0 | 0 |  |  | 476,609,846. |

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

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2018,05020 Children's Hospital Corpora CH 1

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

wart I I **c;ontmuat1on ot Activ1t1es per** Region.(Schedule F(Form 990), Part I, line 3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **{a)** Region | **(b)** Number of offices  1n the region | **(c)** Number of employees or  agents in region | **(d)** Act1v1ties conducted 1n region (by type) (i e , fundra1s1ng, program services, grants to  recipients located m the region) | **(e)** If act1v1ty listed in (d) 1s a program service, describe specific type of service(s) 1n region | **{f)** Total expenditures for region |
| Central America &  the Caribbean | 0 | 0 | tinvestment |  | 419,705,269, |
| Sub-Saharan Africa | 0 | 0 | !Investment |  | 42,897,076, |
| Europe | 0 | 0 | !Investment |  | 12,678,578. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Totals** ► |  |  |  |  | 475,280,923, |

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**14360715 353314 CH**

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2018.05020 Children's Hospital Corpora CH 1

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

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete 1f 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 addJtIonal space Is needed

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1**  **(a)** Name of organization | **(bl** IRS code section and EIN (1f applicable) | **(c)** Region | **(d)** Purpose of grant | (e)Amount of cash grant | **(f)** Manner of cash disbursement | **(g)** Amount of noncash assistance | **(h)** Descnpt1on of noncash assistance | (i) Method of valuation (book, FMV,  appraisal, other) |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |

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) eqwvalency letter

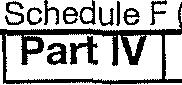
►►

**3** Enter total number of other organizations or entItIes

Schedule F (Form 990) 2018 Children's Hospital Corporation 04-2774441 **Page3 Part Ill Grants and Other Assistance to Individuals Outside the United States.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line i 6

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Type of grant or assistance | **(b)** Region | **(c)** Number of rec1p1ents | (**d)** Amount of cash grant | **(e)** Manner of cash disbursement | **(f)** Amount of noncash assistance | **(g}** Descnpt1on of noncash assistance | **{h)** Method of valuation (book, FMV,  appraisal, other) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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Part Ill can be duohcated 1f add1t1onal soace 1s needed.



Form990 2018 Children's Hospital Corporation

04-2774441

Pa **e4**

**Foreign Forms**

1. Was the organization a U S transferor of property to a foreign corporation during the tax year? *If* "Yes," *the orgamzat,on may be reqwred to fife Form 926, Return by a US Transferor of Property to* a *Foreign Corporation (see Instructions for Form 926)*
2. Did the organization have an interest 1n a foreign trust during the tax year? *If* "Yes," *the organ,zatIon may be reqwred 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 *US Owner* (see *Instructions for Forms 3520 and 3520-A, don't fife with Form 990)*
3. Did the organization have an ownership interest 1n a foreign corporation during the tax year? *If* "Yes," *the orgamzat/On may be reqwred to fife Form 5471, Information Return of US Persons With Respect To Certam Foreign Corporat10ns* (see *Instructions for Form 5471)*
4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *ff* "Yes," *the orgamzation may be reqwred to fife Form 8621, Information Return by a Shareholder of* a Passwe *Foreign Investment Company or Qua/1f1ed Electmg Fund (see Instructions for Form 8621)*
5. Did the organization have an ownership interest 1n a foreign partnership during the tax year? *If* "Yes," *the orgamzat,on may be reqwred to fife Form 8865, Return of US Persons With Respect to Certam Foreign Partnerships (see Instructions for Form 8865)*
6. Did the organization have any operations 1n or related to any boycotting countries dunng the tax year? *If "Yes," the organization may be reqwred to separately file Form 5713, lntematIonal Boycott Report* (see *Instructions for Form 5713, don't flle with Form 990)*

**WYes DNo**

**Dves W No WYes D No**

W **Yes D No WYes D No**

**CKJves DNo Schedule F (Form 990) 2018**

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**?.018.05020 Children's Hosoital Coroora CH 1**

Schedule F Form 990 20"18 Children's Hospital Corporation 04-2774441 Pa e5



**Supplemental Information**

Provide the 1nformat1on required by Part I, line 2 (monitoring of funds), Part I, line 3, column (1) (accounting method, amounts of

investments vs expenditures per region), Part II, hne "1 (accounting method); Part Ill (accounting method), and Part Ill, column (c) (estimated number of rec1p1ents), as applicable Also complete this part to provide any additional information. See 1nstruct1ons

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

Schedule F Form 990 2018 Children's Hospital Corporation 04-2774441 Pa e5

**Part 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 Ill (accounting method), and Part Ill, column (c) (estimated number of recipients), as applicable Also complete this part to provide any add1t1onal information See 1nstruct1ons

on hospital business are reimbursable upon submission and authorization of a completed reimbursement request with receipts as supporting documentation. Reimbursable expenses include transportation, hotel/lodging, meals and other reasonable expenses incidental to travel. Personal expenses are not reimbursable.

Part I, line 3:

Expenditures are accounted for and reported on an accrual basis.

**SCHEDULE G**

**(Form 990 or 990-EZ)**

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, lme 17, 18, or 19, or 1f the organization entered more than $15,000 on Form 990-EZ, lme 6a.**

►

**Attach to Form 990 or Form 990-EZ.**

►

Go **to** [**www.1rs.gov/Form990**](http://www.1rs.gov/Form990) **for mstruct1ons and the latest mformat1on.**

0MB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization **Employer identification number**

Children's Hospital Corporation 04-2774441

**j Part** I I **Fundraising Activities.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not

required to complete this part

1. Indicate whether the organization raised funds through any of the following activities Check all that apply
   1. W Mail solic1tat1ons **e** W SolicItatIon of non-government grants
   2. W Internet and email sohc1tat1ons **f** W SohcItat1on of government grants
   3. W Phone solicitations **g** W Special fundraising events
   4. W In-person sohc1tat1ons
2. **a** Did the organization have a written or oral agreement with any individual (1nclud1ng officers, directors, trustees, or

key employees listed in Form 990, Part VII) or entity 1n connection with professional fundra1s1ng services? W **Yes**

**b** If "Yes," list the 10 highest paid 1nd1v1duals or entities (fundraisers) pursuant to agreements under which the fundra1ser 1s to be compensated at least $5,000 by the organization

* **No**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(1)** Name and address of individual or entity (fundra1ser) | **(ii)** Act1v1ty | | **(119,** Did  **fun raiser**  **hiv o 1gr**  **contnbutions?** | | **(1v)** Gross receipts from actIvIty | **(v)** Amount paid to (or retained by)  fundraiser listed in col **(1)** | **(v1)** Amount paid to (or retained by) organization |
| Chapman, Cubine, Adams &  Hussey - 2000 15th Street | Direct Mail | Counsel | **Yes** | **No** | 897,942, | 501,974, | 395,968, |
|  | **X** |
| Charity Dynamics LLC 4031  Guadalupe Street, Austin, TX | Jnline Counsel | |  | **X** | 648,126, | 468,638, | 179,489, |
| Sarah Gardner - 13 Smokey  Hill Rd., Wayland, **MA** 01778 | IFundraising Counsel | |  | **X** | 580,900, | 81,250, | 499,650, |
| Bentz Whaley Flessner - 7251  Ohms Lane, Minneapolis, MN | 1:;ounsel/Reports | |  | **X** | 0. | 106,026. | -106,026, |
| Connelly Partners LLC - 46  Waltham Street, Boston, MA | IFundraising Counsel | |  | **X** | 0. | 80,456, | -80,456. |
| Advizor Solutions, Inc. -  1333 Butterfield Road, Suite | IFundraising Counsel | |  | **X** | 0. | 7,214. | -7,214. |
| The Pursuant Group, Inc. -  15660 Dallas Pkwy STE 1000, | R'undraising | Counsel |  | **X** | 0. | 12,000, | -12,000. |
| CKathryn **W** Miree & Associates  2205 16th Ave S Unit A, | IFundraising Counsel | |  | **X** | 0. | 5,262. | -5,262. |
| Copper Reef Enterprises -  6965 El Camino Real, | 13'undraising Counsel | |  | **X** | 0. | 88,110, | -88,110. |
| Market Street Research, Inc,  - 9 1/2 Market Street, | iFundraising Counsel | |  | **X** | o. | 27,143. | -27,143. |
| **Total** |  |  |  | ► | 2,126,968. | 1,378,073. | 748,896. |

1. List all states in which the organization 1s registered or licensed to solicit contnbut1ons or has been not1f1ed 1t 1s exempt from reg1strat1on or licensing

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

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

See Part IV for continuations

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

Schedule G Form 990 or 990-E 2018 Children's Hospital Corporation 04-2774441 Pa e **2**

**Part II Fundraising Events.** Complete 1f the organization answered "Yes" *on* Form 990, Part IV, line "18, orreported more than $15,000

of fundrais1ng event contnbut1ons and gross income on Form 990 EZ, lines 1 and 6b List events with gross receipts greater than $5,000

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ql  :::l  C  Ql  *civc* | 1. Gross receipts 2. Less Contributions 3. Gross income (hne 1 minus hne 2) | **(al** Event #1  Dinner/Auction | **(bl** Event#2 Investment "onference | **(cl** Other events  4 | **(dl** Total events (add col **(al** through col **(c))** |
| (event type) | (event type) | (total number) |
| 2,946,101, | 1,203,500, | 1,955,255, | 6,104,856. |
| 2,108,386, | 895,375. | 1,215,275, | 4,219,036, |
| 837,715. | 308,125, | 739,980. | 1,885,820, |
| *Cl)*  Ql  *Cl)*  C  Ql  0.  0  0 | 1. Cash pnzes 2. Noncash pnzes 3. Rent/fac1l1ty costs 4. Food and beverages 5. Entertainment 6. Other direct expenses | 0. | 0. | 0. |  |
| 0. | 0. | 0. |  |
| 0. | 45,000. | 41,500, | 86,500, |
| 277,426, | 99,474, | 174,392, | 551,292. |
| 0. | 0. | 13,290, | 13,290, |
| 687,252. | 134,493, | 504,549, | 1,326,294, |
| 1. Direct expense summary Add lines 4 through 9 1n column (d) ► 2. Net income summarv Subtract line 1O from line 3 column /d) ► | | | | 1,977,376, |
| -91,556, |

I Part Ill I **Gaming.** Complete 1f the organization answered "Yes" on Form 990, Part IV, hne 19, or reported more than

$15,000 on Form 990-EZ, line 6a

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Ql  :::l  C  Ql  (>I)  *cc* | **1** | Gross revenue | **(al** Bingo | **(bl** Pull tabs/instant bingo/progressive bmgo | **(c)** Other | gaming | **(d)** Total gaming (add col. **(a)** through col **(cl)** |
|  |  |  | |  |
| *Cl)*  Ql  *Cl)*  C  Ql  0. | 1. Cash prizes 2. Noncash prizes | |  |  |  | |  |
|  |  |  | |  |
| t, |  | |  |  |  | |  |
| 0 | **4** Rent/facility costs | |
|  |  |  | |  |
|  | **5** Other direct expenses | |
|  | **6** Volunteer labor | | □**LJYes** %  **No** | □**LJYes** %  **No** | □**LJYes**  %  **No** | |  |
| **7**  **8** | Direct expense summary Add lines 2 through 5 1n column (dl  Net aam1na income summarv Subtract line 7 from line 1 column *(d)* | |  |  | ►  ► |  |
|  |

**9** Enter the state(s) in which the organization conducts gaming act1v1t1es ------------------..---,----,-. ,..--

LJ LJ

**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?

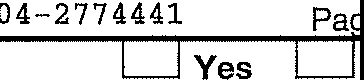
**b** If "Yes," explain

LJ Yes LJ **No**

832082 10-03-18 **Schedule G (Form 990 or 990-EZ) 2018**

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2018.05020 Children's Hosoital Coroora CH 1

Schedule G Form 990 or 990-E 2018 Children's Hospital Corporation

1. Does the organization conduct gaming activities with nonmembers?
2. 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?
3. Indicate the percentage of gaming act1v1ty conducted in

**a** The organization's facility

**b** An outside facility

1. 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

**e3**

**No**

**Dves** □**No**

I ::I %

%

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Dves** D**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 ►

1. Gaming manager information

Name ►

Gaming manager compensation ► $ \_

Description of services provided ►

D Director/officer D Employee D Independent contractor

1. Mandatory distributions

**a** Is the organization required under state law to make charitable d1stribut1ons from the gaming proceeds to retain the state gaming license?

**b** Enter the amount of d1strlbut1ons required under state law to be distributed to other exempt organizations or spent 1n the or anizat1on's own exem t activities durin the tax ear $

**Dves** □**No**

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (111) and (v), and Part Ill, lines 9, 9b, 1Ob,

15b, 15c, 16, and 17b, as applicable Also provide any add1t1onal 1nformat1on. 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

832083 10-03-18 **Schedule G (Form 990 or 990-EZ) 2018**

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**14360715 353314 CH** 2018.05020 Children's Hospital Corpora CH 1

Schedule G Form 990 or 990-E Children's Hospital Corporation 04-2774441 Pa e4

**Part IV Supplemental Information** *(contmued)*

(i) Address of Fundraiser: 7251 Ohms Lane, Minneapolis, MN 55439

(i) Name of Fundraiser, Connelly Partners LLC

(i) Address of Fundraiser: 46 Waltham Street, Boston, MA 02118

(i) Name of Fundraiser: Advizor Solutions Inc,

(i) Address of Fundraiser:

1333 Butterfield Road, Suite 400, Downer's Grove, IL 60515

(i) Name of Fundraiser: The Pursuant Group, Inc,

(i) Address of Fundraiser: 15660 Dallas Pkwy STE 1000 Dallas TX 75248

(i) Name of Fundraiser: CKathryn W Miree & Associates

(i) Address of Fundraiser: 2205 16th Ave S Unit A, Birmingham, AL 35205

(i) Name of Fundraiser: Copper Reef Enterprises

(i) Address of Fundraiser: 6965 El Camino Real, Carlsbad, CA 92009

(i) Name of Fundraiser: Market Street Research, Inc,

(i) Address of Fundraiser: 9 1/2 Market Street, Northampton, **MA** 01060

832084 04-01-18

**Schedule G (Form 990 or 990-EZ)**

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**2018.05020 Children's Hosoital Coroora CH** 1



|  |  |  |
| --- | --- | --- |
| **SCHEDULE H**  **{Form 990)**  Department of the Treasury  Internal Revenue Service | **Hospitals**   * **Complete If the organizatio**►**n answered "Yes" on Form 990, Part IV, question 20.**   + **Attach to Form 990.**   **Go to** [**www.irs.gov/Form990**](http://www.irs.gov/Form990) **for instructions and the latest mformatIon.** | 0MB No 1545-0047 |
| **2018**  **Open to Public Inspection** |

Name of the organization

Children's Hospital Corporation

**Employer ident1fIcation number**

04-2774441

I

I Part I I **Financial Assistance anct Certain Other Community Benefits at Cost**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| **1 a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a  **b** If "Yes," was 1t a written policy?  If the orgamzat1on had multiple hospital fac1ht1es, indicate which of the following best describes appl1cat1on of the financial assistance policy to its various hospital  **2** fac11ities during the tax year  W Applied uniformly to all hospital facilities D Applied uniformly to most hospital facilities  D Generally tailored to individual hospital facilities   1. Answer the following based on the financial assistance elig1b11ity criteria that applied to the largest number of the orgarnzat1on's patients dunng the tax year    1. Did the organ1zat1on use Federal Poverty Guidelines (FPG) as a factor 1n determining eligibility for providing *free* care?   If "Yes," 1nd1cate which of the following was the FPG family income limit for eligibility for free care  D 100% D 150% W 200% D Other %   * 1. Did the organization use FPG as a factor in determining elig1b1hty for prov1d1ng *discounted* care? If "Yes," indicate which   of the following was the family income limit for ehg1b1hty for discounted care  D 200% D 250% D 300% D 350% W 400% D Other %   * 1. If the organization used factors other than FPG in determining ehg1b1hty, describe 1n Part VI the criteria used for determining elig1b11ity for free or discounted care. Include 1n the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining elig1b11ity for free or discounted care  1. Did the organization's finanmal assistance pol1Cy that applied to the largest number of its patients during the tax year provide for free or discounted care to the   11med1cally1nd1gent"?  **Sa** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?   1. If "Yes," did the organization's f1nanc1al assistance expenses exceed the budgeted amount? 2. If "Yes" to line 5b, as a result of budget cons1derat1ons, was the organ1zat1on 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?  **b** If "Yes," did the organization make 1t available to the public?  Complete the following table using the worksheets provided in the Schedule H Instructions Do not submit these worksheets with the Schedule H | **1a** | **X** |  |
| **1b** | **X** |  |
| **3a** | **X** |  |
| **3b** | **X** |  |
| **4** | **X** |  |
| **5a** | **X** |  |
| **5b** |  | **X** |
| **Sc** |  |  |
| **6a** | **X** |  |
| **6b** | **X** |  |
|  |  |  |

**7** F1nanc1aIA ss1' stance andCerta1n Ot her Communitv BenefIts atC OSt

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Financial Assistance and Means-Tested Government Programs**   1. Financial Assistance at cost (from Worksheet 1) 2. Medicaid (from Worksheet 3, column a) 3. Costs of other means-tested government programs (from Worksheet 3, column b) 4. **Total.** Financial Assistance and   Means-Tested Government Programs | **\8)** Number of  act1vlt1es or  programs (optional) | **\U/** Persons  served  (optional) | **(cl** Total community  enefit expense | **\CJ** Direct offsetting  revenue | **(e)** Net community  Denefit expense | **(t)** Percent  of total  expense |
|  |  | 31,096,136, | 19,664,813, | 11,431,323. | .61% |
|  |  | 397,744,105. | 263,471,642. | 134,272,463. | 7.16% |
|  |  |  |  |  |  |
|  |  | 428,840,241. | 283,136,455. | 145,703,786. | 7.77% |
| **Other Benefits e** Community health  improvement services and community benefit operations (from Worksheet 4)   1. Health professions education (from Worksheet 5) 2. Subsidized health services (from Worksheet 6) 3. Research (from Worksheet 7)   I Cash and in-kind contributions for community benefit (from Worksheet 8)   1. **Total.** Other Benefits 2. **Total.** Add lines 7d and 7i |  |  | 6,131,908. | *236,673.* | 5,895,235. | .31% |
|  |  | 42,726,096. | 6,797,851. | 35,928,245. | 1.92% |
|  |  | 29,418,270. | 26,159,216. | 3,259,054, | ,17% |
|  |  | 423,047,752, | 403,786,293. | 19,261,459. | 1.03% |
|  |  | 1,725,954. |  | 1,725,954. | .09% |
|  |  | 503,049,980. | 436,980,033. | *66,069,947.* | 3.52% |
|  |  | 931,890,221. | 720,116,488, | 211,773,733. | 11.29% |

832091 11-09-18 LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

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**Schedule H (Form 990) 2018**

#### Corpora CH 1

I**Part** II **Community Building Activities** Complete this table if the organization conducted any community bwld1ng act1vit1es during the tax year, and describe in Part VI how its community bu1ld1ng activ1t1es promoted the health of the communities 1t serves

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **(a)** Number of  act1v1t1es or programs  (optional) | (b} Persons  served (optional) | (c)Total  community building expense | **(OJ** Direct  offsetting revenue | **[e)** Net  community building expense | **[f)** Percent of  total expense |
| **1** | Physical improvements and housing |  |  |  |  |  |  |
| **2** | Economic development |  |  |  |  |  |  |
| **3** | Community suooort | 15 |  | 1,568,573, |  | 1,568,573, | ,08% |
| **4** | Environmental improvements |  |  |  |  |  |  |
| 5 | Leadership development and traininq for community members |  |  |  |  |  |  |
| **6** | Coalition build1nq |  |  |  |  |  |  |
| **7** | Community health improvement advocacy | 10 |  | 791,186, |  | 791,186, | .04% |
| **8** | Workforce development |  |  |  |  |  |  |
| **9** | Other |  |  |  |  |  |  |
| **10** | **Total** | 25 |  | 2,359,759, |  | 2,359,759. | ,12% |

IPart Ill I **Bad Debt, Medicare,** & **Collection Practices**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section A. Bad Debt Expense** | | | | **Yes** | **No** |
| 1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? 2. Enter the amount of the organization's bad debt expense Explain in Part VI the | | | **1** |  | **X** |
| **9a** | **X** |  |
| methodology used by the organization to estimate this amount  **3** Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain 1n Part VI the methodology used by the organization to estimate this amount and the rationale, if any,  for including this portion of bad debt as community benefit | **2** | 34,188,976, |
| **3** | 0. |
| **4** Provide in Part VI the text of the footnote to the organization's f1nanc1al statements that describes bad debt expense or the page number on which this footnote is contained 1n the attached f1nanc1al statements  **Section B. Medicare** | | |
| 1. Enter total revenue received from Medicare (1nclud1ng DSH and IME) 2. Enter Medicare allowable costs of care relating to payments on line 5 3. Subtract line 6 from line 5 This 1s the surplus (or shortfall) | **5** | 12,306,065, |
| **6** | 10,429,554, |
| **7** | 1,876,511. |
| **8** Describe in Part VI the extent to which any shortfall reported 1n line 7 should be treated as community benefit Also describe 1n Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used  W Cost accounting system D Cost to charge ratio D Other  **Section C. Collection Practices**  **9a** Did the organization have a written debt collection policy during the tax year?  **b** If 'Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe m Part VI | | |
| **9b** | X |  |

I **Part IV** I **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and phys1c1ans - see instructions)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(a)** Name of entity | **(b}** Description of primary activity of entity | **(c)** Organization's profit % or stock  ownership% | **(d)** Officers, direct- ors, trustees, *or* key employees' profit % or stock  ownership% | **(e)** Physicians' profit% or  stock ownership% |
| 1 None |  |  |  |  |
|  |  |  |  |  |
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2018.05020 Children's Hospital Corpora CH 1

I **Part V I Facility Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A. Hospital Facilities**  (list ,n order of size, from largest to smallest)  How many hospital facilities d1d the organization operate during the tax year? 1 | cri  t!  0.  *Cf)*  .0.c:  '"O  a,  *Cf)*  aC,  ()  ..:J | '"ii:i  '-'  :::,  (J)  '"ii:i  -'-a'  a:,  E  c::  a:,  c:, | cri  t!  0.  *Cf)*  .0.c:  *\_Cf)*  eC:  32  *R* | cri  t:  0.  *Cf)*  .0.c:  Cl C  *E*  ()  ell | ell t!  0.  *Cf)*  .0.c:  *Cf) C*a,*f)*  ()  ()  ell  cri  () | *€*  *"B*  ..e...l.l  ..c:  a,  *Cf)*  a,  a: | ::i 0..c: '<I"  a(;I  w: | ,\_  a,  ..c:  0  dw: | Other /descnbe) | Fac1l1ty reporting group |
| Name, address, pnmary website address, and state license number (and 1f a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility) |
| 1 Boston Children's Hospital | X | X | X | X |  | **X** | X |  |  |  |
| 300 Longwood Avenue |
| Boston, MA 02115 |
| [www.childrenshospital.org](http://www.childrenshospital.org/) |
| MA LICENSE #2139 |
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832093 11-09-18

**14360715 353314 CH**

**Schedule H (Form 990) 2018**

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**2018.05020 Children's Hospital Corpora CH l**

**j Part V j Facility Information** *(contmued)*

**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** \_B\_o\_s\_t\_on\_c\_h\_i\_·l\_d\_r\_e\_n\_'\_s\_H\_o\_s\_p\_i\_t\_a\_1

**Lmnumber of hospital facility, or lme numbers of hospital**

**facilities m a facility reporting group (from Part V, Section A}:** \_1 -r---,---

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **YesNo** | |
| **Community Health Needs Assessment** | **1** |  | X |
| 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? 2. Was the hospital facility acquired or placed mto service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acqu1sitIon in Section C 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   If "Yes," indicate what the CHNA report describes (check all that apply)   * 1. W A definition of the community served by the hospital facility   2. W Demographics of the communrty   3. D Existing health care facilities and resources within the community that are available to respond to the health needs   of the community   * 1. W How data was obtained   eW The sIgnifIcant health needs of the community  f w Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority  groups  gW The process for 1dentIfy1ng and pnoritizing community health needs and services to meet the community health needs  hW The process for consulting with persons representing the community's interests  D The impact of any actions taken to address the significant health needs identIfIed m the hospital facility's prior CHNA(s)  D Other (describe in Section C)   1. Indicate the tax year the hospital facility last conducted a CHNA 20 16 2. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe In Section Chow the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted   **6a** Was the hospital facility's CHNA conducted with one or more other hospital fac11itIes? If "Yes," list the other hospital fac11itIes In Section C  **b** Was the hospital facility's CHNA conducted with one or more organrzat,ons other than hospital facIlItIes? If "Yes," lrst the other organrzatIons 1n Section C  **7** Did the hospital facility make its CHNA report widely available to the public?  If "Yes," indicate how the CHNA report was made widely available (check all that apply).  **a** [iJ Hospital facility's website (list url) [www.](http://www/) childrenshospital.org  **b** D Other website (list url) **-------.c.----=-----------------**  **c** [iJMade a paper copy available for public inspection without charge at the hospital facility  **d** [i] Other (describe In Section C)   1. 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 2. Indicate the tax year the hospital facility last adopted an 1mplementatIon strategy 20 3. Is the hospital facility's most recently adopted implementation strategy posted on a website?   **a** If "Yes," (list url)· childrenshospital.org/about-us/community-mission/ community-needs-assessment  **b** If "No," is the hospital facility's most recently adopted ImplementatIon strategy attached to this return?   1. Describe In Section C how the hospital facility Is addressing the sIgnif1cant needs Identif1ed 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)?  **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 organ1zatIon reported *on* Form 4720 for all of its hospital fac1l1ties? $ |
| 2 |  | X |
| 3 | X |  |
| 5 | X |  |
| 6a  6b |  | X  X |
| 7 | X |  |
| 8 | X |  |
| 10 | X |  |
| 10b |  |  |
| 12a |  | X |
| 12b |  |  |
|  |  |  |

*B32094* 11-09-18 Schedule **H** (Form 990) 2018

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! **Part V I Facility Information** *(contmued)*

**Fmanc1al Assistance Polley (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 f1nanc1al assistance policy that  **13** Explained elig1b11ity cnteria for financial assistance, and whether such assistance included free or discounted care?  If "Yes," 1nd1cate the elig1b11ity criteria explained in the FAP   1. w Federal poverty guidelines (FPG), with FPG family income limit for elig1b11ity for free care of 200 %   and FPG family income limit for eligibility for discounted care of 400 %   1. D Income level other than FPG (describe in Section C)   **C** D Asset level   1. D Medical 1nd1gency 2. w Insurance status 3. w Underinsurance status   **g** D Residency  **h** D Other (describe 1n Section C)   1. Explained the basis for calculating amounts charged to patients? 2. Explained the method for applying for f1nanc1al assistance?   If "Yes," 1nd1cate how the hospital facility's FAP or FAP application form (1nclud1ng accompanying 1nstruct1ons) explained the method for applying for f1nanc1al assistance (check all that apply).   * 1. w Described the 1nformat1on the hospital facility may require an ind1v1dual to provide as part of his or her application   2. w Described the supporting documentation the hospital facility may require an 1nd1v1dual to submit as part of his or her application   **C** w Provided the contact information of hospital facility staff who can provide an ind1v1dual with information  about the FAP and FAP application process   1. D Provided the contact information of nonprofit organizations or government agencies that may be sources   of assistance with FAP applications   1. w Other (describe 1n Section C)   **16** Was widely publicized w1th1n the community served by the hospital facility?  If "Yes," 1nd1cate how the hospital facility publicized the policy (check all that apply)  aw The FAP was widely available on a website (list url) www,childrenshospital,org/financialassistance | **13** | X |  |
| **14** | X |  |
| **15** | X |  |
| **16** | X |  |
|  |  |  |
| **b** w The FAP application form was widely available on a website (list url)· See Part V, Page 8  **C** w A plain language summary of the FAP was widely available on a website (list url) See Part V, Page 8 |
| 1. w The FAP was available upon request and without charge (in public locations 1n the hospital fac1l1ty and by mail) 2. w The FAP application form was available upon request and without charge (1n public locations in the hospital facility and by mail) 3. w A plain language summary of the FAP was available upon request and without charge (1n public locations in the hospital facility and by mail) 4. w Individuals were not1f1ed 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 5. w Not1f1ed members of the community who are most likely to require f1nanc1al assistance about availability of the FAP   I w The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by L1m1ted English Proficiency (LEP) populations  I w Other (describe 1n Section C) |

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**I Part V I Facility Information** *(contmued)*

**8111mg and Collections**

X

**17**

**Yes**

**Name of hospital facility or Jetter of fac11Jty reporting group** Boston Children's Hospital

**No**

1. Did the hospital fac1ltty have in place during the tax year a separate bIll1ng and collections poltcy, or a written financial assistance poltcy (FAP) that explained all of the actions the hospital faciltty or other authonzed party may take upon nonpayment?
2. Check all of the following actions against an 1ndiv1dual that were permrtted under the hosprtal fac1l1ty's policies during the

tax year before making reasonable efforts to determine the ind1v1dual's eligrbtl1ty under the fac11tty's FAP:

* 1. D Reporting to credit agency(ies)
  2. D Selling an individual's debt to another party

cD Deferring, denying, or requ1nng a payment before prov1ding medrcally necessary care due to nonpayment of a

previous bill for care covered under the hospital facrltty's FAP

1. D Actions that require a legal or Judicial process
2. D Other s1m1lar actions (describe in Section C)
3. CiJ None of these actions or other s1m1lar actions were permitted

**19**

1. Did the hospital facI1tty or other authorized party perform any of the following actions during the tax year before making

reasonable efforts to determine the indrv1dual's elig1bihty *un*der the faciltty's FAP? X

If "Yes," check all actions 1n which the hospital fac11tty or at hrrd party engaged

1. D Reportrng to credit agency(ies)
2. D Selltng *an* IndivIdual's debt to another party
3. D Deferring, denying, *or* requiring a payment before prov1ding medically necessary care due to nonpayment of a

previous bill for care covered under the hospital fac11tty's FAP

1. D Actions that require a legal or Judicial process
2. D Other similar actions (descnbe 1n Section C)
3. Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions ltsted (whether or

not checked) 1n ltne 19 (check all that apply)

1. CiJ Provided a wntten notice about upcomrng ECAs (Extraordinary Collection Actron) and a plarn language summary of the FAP at least 30 days before rnrtrating those ECAs (rf not, describe in Sectron C)
2. CiJ Made a reasonable effort to orally notify 1ndIviduals about the FAP and FAP application process (if not, descnbe 1n Section C)
3. D Processed incomplete and complete FAP applications (1f not, describe rn Section C)
4. D Made presumptive ehg1b11ity determinations **(1f** not, describe in Section C)
5. D Other (descnbe **1n** Section C)

**f** D None of these efforts were made

**Policy Relating to Emergency Medical Care**

|  |  |  |
| --- | --- | --- |
| **21** Drd the hospital facility have in place during the tax year a wntten pohcy relating to emergency medical care that requrred the hospital facrlity to provide, without discrimination, care for emergency medical conditions to rnd1v1duals regardless of their el1g1b1hty under the hospital facility's f1nanc1al assistance policy?  If "No," indicate why   1. D The hospital fac1hty did not provide care for any emergency medical cond1t1ons 2. D The hospital fac1hty's poltcy was not 1n writing   ***C*** D The hospital facility lrmrted who was elrgrble to receive care for emergency medical condrtions (describe In Section C)  **d** D Other (descrrbe in Section C) | **21** | X |
|  |  |

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**I Part V I Facility Information** *(contmued)*

**Charges to lnd1v1duals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| **22** Indicate how the hospital facility determined, dunng the tax year, the maximum amounts that can be charged to FAP-elig1ble 1nd1v1duals for emergency or other medically necessary care   1. D The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a pnor   i 2-month penod   1. D 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 i 2-month period  **C** [iJ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or 1n combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility dunng a pnor  i 2-month penod  **d** D The hospital facility used a prospective Medicare or Med1ca1d method   1. Dunng the tax year, did the hospital facility charge any FAP•elig1ble 1nd1v1dual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to 1nd1v1duals who had insurance covering such care?   If "Yes," explain in Section C   1. During the tax year, d1d the hospital facility charge any FAP-eligible 1nd1v1dual an amount equal to the gross charge for any service provided to that 1nd1v1dual?   If "Yes," explain in Section C | **23** |  | **X** |
| **24** |  | X |
|  |  |  |

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**l Part V l Facility Information** *(contmued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descnpt1ons required for Part V, Section B, lines 2, 3J, 5, 6a, 6b, 7d, 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

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**I Part V I Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V,Section B,lines 2,3j, 5, 6a,6b, 7d,11, 13b,13h,1Se, 16J, **1**Be, 19e,2Oa,2Ob,2Oc,2Od,2Oe,21c,21d,23,and 24 If applicable, provide separate descriptions for each hospital facility 1n afacility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc)and name of hospital 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

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! **Part V ! Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descnptIons reqwred 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

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**I Part V I Facility Information** *(contmued}*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3J, 5, 6a, 6b, ?d, 11, 13b, 13h, 15e, 16J, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24 If applicable, provide separate descnptIons for each hospital facility In a faci11tY. 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

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**I Part V I Facility Information** *(contmued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16J, 18e, 19e, 20a, 20b, 2Dc, 20d, 2De, 21c, 21d, 23, and 24 If applicable, provide separate descriptions for each hospital facility 1n a facility reporting group, designated by fac1l1ty reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc) and name of hospital facility

housing, jobs, food and safety

* Supporting, funding and working closely with partners and coalitions working on these issues

Boston Children's Hospital:

Part V, Section *B,* Line 15e: The Financial Assistance Policy provides as follows:

Patient/Parent will be referred to a Hospital Financial counselor for determination of eligibility for public assistance or Hospital financial assistance programs, For patients not qualifying for public assistance, information collected will be provided to the Director, Financial Clearance and Financial Counseling, for determination of eligibility in the Hospital Financial Assistance Program, Patients who potentially qualify for financial assistance will be approved by the Hospital Chief Financial Officer, Sr. Director Patient Financial Services and/or Director, Financial Clearance and Financial Counseling, with consultation and approval of the appropriate Foundation Chief or a designee as appropriate.

Boston Children's Hospital

Part v, line 16b, FAP Application website: [www.childrenshospital.org/financialassistance](http://www.childrenshospital.org/financialassistance)

Boston Children's Hospital

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

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**I Part V I Facility Information** *(contmued)*

**Section C. Supplemental Information for Part *V,* Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 1Be, 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](http://www.childrenshospital.org/financialassistance)

Boston Children's Hospital:

Part V, Section B, Line 16j, Children's takes the following additional steps to make patients aware of the availability of financial assitance:

* Posting of signage in all patient care admission areas of the availability of financial assitance,

All billing correspondence includes language regarding the availability of financial assistance,

* The Hospital web-site provides contact information for Hospital Financial Counselors who can help assist patients with applying for programs to cover medical expenses.

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**IPart V I Facility Information** *(contmued)*

**Section D. Other Health Care Fac1ht1es That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list 1n order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate dunng the tax year? 6 \_

Name and address Type of Facility (describe)

|  |  |
| --- | --- |
| 1 Boston Children's at Waltham  9 Hope Ave  Waltham, **MA** 02453 | Outpatient Satellite Facility |
| 2 Boston Children's at Lexington  482 Bedford Street Lexington, **MA** 02173 | Outpatient Satellite Facility |
| 3 Martha Eliot Health Center  75 Bickford Street Boston, MA 02130 | Outpatient Community Health Center |
| 4 Boston Children's at Peabody  1 Essex Center Drive Peabody, MA 01960 | Outpatient Satellite Facility |
| 5 Boston Children's at North Dartmouth  500 Faunce Corner Road North Dartmouth, MA 02747 | Outpatient Satellite Facility |
| 6 Boston Children's at 333 Longwood Ave  333 Longwood Avenue Boston, MA 02115 | Outpatient Pediatric Clinic |
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**I Part VI I Supplemental Information**

Provide the following information

1. **Reqwred descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part Ill, Imes 2, 3, 4, 8 and

9b

1. **Needs assessment.** Describe how the organization assesses the health care needs of the communities 1t serves, in addition to any CHNAs reported 1n Part V, Section B
2. **Patient education of ehgIbIhty for assistance.** Describe how the organization informs and educates patients and persons who may be billed

for patient care about their ellg1bihty for assistance under federal, state, or local government programs or under the organization's f1nanc1al assistance policy

1. **Community mformatIon.** Describe the community the organization serves, taking into account the geographic area and demographic

constituents it serves

1. **Promotion of community health.** Provide any other 1nformat1on important to describing how the organization's hospital facilities or other health care fac1ht1es further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
2. **Afflhated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates 1n promoting the health of the communities served
3. **State fllmg 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](http://www.mass.gov/AG) and Children's web site,

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**Part VI Supplemental Information** *continuation*

[www.childrenshospital.org.](http://www.childrenshospital.org/)

Part I, Line 7:

Children's used an internal cost accounting system for purposes of reporting certain amounts on Part I, line 7. The system is designed to address all segments of patient care (inpatient, outpatient and emergency) and assigns costs to patients from all payer sources (Medicaid, Medicare, managed care, commercial, uninsured and self-pay). The cost of charity care was determined based on the overall relationship of hospital costs as a percentage of hospital charges, applied to charges that qualified as charity care.

Children's provides charity care to all children in need who meet the hospital's charity care standards, which are in alignment with all state mandated regulations.

Nearly 30% of children who receive their care at Children's are insured through Medicaid programs in a number of states including Massachusetts. In aggregate, Medicaid programs do not reimburse the hospital for the total costs of providing care to these children.

|  |  |  |
| --- | --- | --- |
| Children's has a strong commitment to improving the health status of the |  | |
| children in our local community. Based on a tri-annual community needs |  |  |
| assessment, Children's supports a variety of programs and partners both |  |  |
| internal and external that are addressing the needs of Boston children. |  |  |
| Children's has also identified four major health focus areas in which it |  |  |
| concentrates its efforts. For children in Boston, asthma, mental health, |  |  |
| obesity and child development are major concerns. Children's has |  |  |
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**Part VI Supplemental Information** *contmuat,on*

community based programs in each of these issue areas, The hospital also has an Office of Child Advocacy that provides support to these programs,

Children's is a leader in education and training for healthcare professionals.

Children's subsidizes services that are either limited or unavailable in the broader community, Examples include psychiatry, primary care, and dental care.

Children's is home to the world's largest and most active research enterprise at a pediatric center,

Recognizing that Children's does not have the capacity to meet all the needs of the children of Boston, it supports (through financial contributions and in kind services) a large number of community based organizations who are providing these important services, Beneficiaries range from full service community health centers to Head Start programs for pre-school children,

For more information, visit [www.childrenshospital.org/community,](http://www.childrenshospital.org/community)

Part I, Line 7g:

Children's does not subsidize physician services; thus there are none reported in the dollar amount for subsidized health services,

Part I Ln 7 Col(f):

The total bad debt expense of $34,188,976 is included in Form 990, Part

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**Part VI Supplemental Information** *Contrnuatron*

**IX,** line 25 column **(A),** but subtracted for purposes of calculating the percentage in this column,

Part II, Community Building Activities:

In FY19, Children's reported two types of community building activities:

$1,568,573 for 15 community support programs and $791,186 for community health improvement advocacy, Children's community building activities are designed specifically to address health disparities and improve the health of children, families and communities, According to public health literature (see Ambulatory Pediatrics and Health Affairs), initiatives that address disparities for children across four different levels: the individual, systemic, community and society can lead to meaningful improvements in health,

As described in Form 990, Part III Program Service Accomplishments, Children's takes a multi-pronged approach to tackle the most pressing health issues facing Boston children, At the same time, Children's addresses non-health or social determinants of health issues such as violence, workforce development and education, which also impact a child's health, Therefore, Children's directs its community building activities in the following areas:

* Children's public policy advocacy efforts help to improve access to health care for all individuals and ensure high-quality pediatric **services**
* As a major employer in Massachusetts and civic leader in Boston, Children's supports efforts to ensure a diverse and culturally competent

health care workforce as well as promotes economic health in the

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**art 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,](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** *Contmuat,on*

operations,

Prior to the adoption of ASU 2014-09, the Medical Center and its subsidiaries record a provision for uncollectible accounts related primarily to uninsured accounts and copayment and deductible amounts to record the net self-pay accounts receivable at the estimated amounts expected to be collected, The provision for uncollectible accounts was based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators, Accounts receivable were reduced by an allowance for uncollectible accounts, Periodically throughout the year, management assessed the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payer 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** *cantmuation*

Medicare allowable costs are obtained directly from the Medicare Cost Report and are determined in accordance with Medicare principles of reimbursement,

Part III, Line 9b:

Children's makes reasonable and diligent efforts to collect each patient's insurance and other information and to verify coverage for health care services. Children's applies collection actions to all patients in the same manner, irrespective of their insurance status. Children's does not (and does not permit its agents to) engage in collection action of any kind, including billing, with respect to patients/guarantors that are exempt from collection action under Children's Credit and Collection Policy and under Massachusetts regulations governing the Health Safety Net program. All patients/guarantors who are not exempt from collection action are advised in all billing-related communications of the availability of free care and financial assistance, including assistance in applying for public programs and the availability of charity care.

Children's does not (and does not permit its agents to) engage in legal

action against patients/guarantors, including liens, wage garnishments, or lawsuits, or report patients/guarantors to credit bureaus or credit agencies without specific, case-by-case authorization by Children's Board of Directors. *No* legal action occurred during the year, Children's Credit and Collection Policy is filed with the Massachusetts Division of Health Care Finance and Policy. That policy and related policies are also available to patients upon request and on the Hospital's website,

Part VI Line 2:

Boston Children's assesses the community needs on an ongoing basis through

**Part VI Supplemental Information** *continuation*

continuous dialogue with the community, participation on committees, working groups, and task forces, as well as input from Community Advisory Board and partners.

For more information, visit

[www.childrenshospital.org/about-us/community-mission/community-needs-asses](http://www.childrenshospital.org/about-us/community-mission/community-needs-asses)

Part VI, Line 3:

Children's provides patients with information about financial assistance programs that are available through the Commonwealth of Massachusetts or through the hospital's own financial assistance program.

For those patients that request financial assistance, Children's assists patients by screening them for eligibility in an available public program and assisting them in applying for the program, All patients/guarantors who are not exempt from collection action are advised in all

billing-related communications of the availability of free care and financial assistance, including assistance in applying for public programs and the availability of charity care. The screening and application process for a financial assistance programs is done through either the Virtual Gateway (which is an internet portal designed by the Massachusetts Executive Office of Health and Human Services to provide an online application for the programs offered by the state) or through a standard paper application, All Virtual Gateway and paper applications are reviewed and processed by the Massachusetts Office of Medicaid. Hospitals have no role in the determination of program eligibility made by the state, but at the patient's request may take a direct role in appealing or

seeking information related to the coverage decisions.

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**Schedule H (Form 990)**



**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

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**Part VJ Supplemental Information** *cantmuation*

bachelor's degree or higher to 25,0% of Roxbury/Mission Hill adults, Additionally, Black and Hispanic students graduate at lower rates than their White and Asian counterparts.

Housing: Housing concerns disproportionately affect renters, who represent the maJority in Boston; 42,4% of renters in Boston contribute 35% or more of their income to housing costs,

Neighborhood Crime and Perceptions of Safety: Quantitative data validate residents' concerns; between January and June 2013, Boston Children's priority neighborhoods collectively accounted for approximately 40% of the total crimes reported citywide during this time period, the majority of which were classified as larceny or attempted larceny, Furthermore, over half of all homicides occurred in Roxbury/Mission Hill,

There are 4 hospitals and 7 community health centers serving our priority neighborhoods.

There are 22 Census Tracks that fall under 2 different MUA/P areas that are within the Boston Children's Hospital priority areas.

Massachusetts has a low rate of uninsured children. 0-5 years 1,1% uninsured 35,9% on Medicaid

6-18 years 1,5% uninsured - 30.6% on Medicaid 19-25 yrs-7% uninsured - 18,9% on Medicaid

Part VI Line 5:

As the only free-standing children's hospital in the state, Children's treats 90% of the sickest kids in Massachusetts and offers a range of

services that are unavailable elsewhere in the region, including pediatric

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**Schedule H (Form 990)**



**Part VI Supplemental Information** *Contmuation*

transplants, critical care transport services, a level 1 Pediatric Trauma Unit and a level 3 Neonatal Intensive Care Unit, Children's also qualifies for DSH payments as the state's largest provider of pediatric care to

low-income families, Approximately 30% of its patients are covered by Medicaid, including patients insured by out-of-state Medicaid programs. In addition, Children's has an open medical staff model.

Children's is also a leader in education and training for healthcare professionals, It sponsors 38 Accreditation Council for Graduate Medical Education-accredited training programs, one American Dental Association accredited training program and 15 non-accredited subspecialty fellowships with 512 residents/clinical fellows enrolled in these programs, Children's partners with 27 schools of nursing throughout Massachusetts and New England to provide clinical experiences in pediatrics,

Children's offers a variety of continuing education courses designed for health care professionals in pediatric practice, The courses are accredited by the Office of Continuing Education at Harvard Medical School and each hour of instruction is approved for Category 1 credits towards the AMA Physician's Recognition Award, Topics include autism, eating disorders, sports injuries, endometriosis, substance abuse, concussions, strabismus, Type II Diabetes and vascular anomalies, Children's also offers half-day programs titled Pediatric Health Care Summits that are held at local hospitals, such as Beverly Hospital, Lawrence General and South Shore Hospital (Weymouth), Additionally, Children's partners with area community hospitals such as Good Samaritan Medical Center, Holy Family, Lawrence General, South Shore, St. Anne's and St, Joseph's to

sponsor Community Hospital Pediatrics Grand Rounds with monthly lectures

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**Schedule H (Form 990)**

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**Part VI Supplemental Information** *contmuation*

provided by faculty in medical and surgical sub-specialties,

Children's also operates "career Opportunity Advancement Children's Hospital", a seven-week program for Boston youth to explore health care careers while having a safe and meaningful summer and the program "Student Career Opportunity Outreach Program", designed by Children's nurses to introduce young people to nursing career opportunities,

Children's is home to the world's largest and most active research enterprise at a pediatric center, Children's research mission encompasses basic research, clinical research, community service programs and the postdoctoral training of new scientists.

Children's has a twenty-one person voluntary Board of Directors. Eighteen of the Board members are not direct employees of the hospital and all of them live in the hospital's service area. The Board oversees the hospital's endowment and follows a 4% spending rule in keeping with the industry standard of the responsible management of assets, Reserves are invested back into patient care, teaching, research, patient safety and quality initiatives, equipment, facilities, community benefits and to subsidize vital services that run a deficit,

Part VI, Line 6:

Although Children's does not have true affiliates as defined by the IRS, it does have other affiliations,

As the largest pediatric referral center in the region, Children's

maintains a variety of relationships with community hospitals and other

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**Schedule H (Form 990)**



**Part VI Supplemental Information** *contmuat,on*

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

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**Schedule H (Form 990)**

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|  |  |  |
| --- | --- | --- |
| SCHEDULE I  (Form 990)  Department of the Treasury Internal Revenue Service | **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**  **Complete if the organization**►**answered 11Yes 11 on Form 990, Part IV, line 21 or 22.**   * **Attach to Form 990.**   **Go to** [**www.irs.gov/Form990**](http://www.irs.gov/Form990) **for the latest information.** | 0MB 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 ma1nta1n records to substantiate the amount of the grants or assistance, the grantees' elig1b11ity for the grants or assistance, and the selection cntena used to award the grants or assistance?
2. Describe 1n Part IV the or anizat1on's rocedures for monitonn the use of rant funds in the Unrt:ed States

**IJOves** 0No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 21, for any rec1rnent that received more than $5,000 Part II can be duolicated 1f add1t1onal soace 1s needed

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1 (a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section (1f applicable) | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(tJ** Metnoa 6f valuation (book, FMV, appraisal,  other) | **(g)** Descnpt1on of noncash assistance | **(h)** Purpose of grant or assistance |
| Health Resources In Action 622 Washington Street  Dorchester, MA 02124 | 04-2229839 | isOl(c) (3) | 310,544. | 0. |  |  | tommunity Partnership |
| Boston Public Health Commission 1010 Massachusetts Ave  Boston, **MA** 02118 | 04-3316655 | 1115 | 295,686. | o. |  |  | Community Partnership |
| Bowdoin Street Health Center Inc.  230 Bowdoin Street Boston, MA 02122 | 04-2529788 | l501(c) (3) | 95,000. | o. |  |  | Support of Community Health Center |
| Community Catalyst, Inc.  30 Winter Street, 10th Floor Boston, MA 02108 | 04-3355127 | lsOl(c) (3) | 30,000. | o. |  |  | dvocacy Support |
| The Dimock Center 55 Dimock Street  Roxbury, MA 02119 | 04-3487835 | lsOl(c) (3) | 205,000. | o. |  |  | ommunity Partnership |
| Fenway Community Development Corporation - 73 Hemenway Street - Boston, MA 02115 | 04-2666507 | 150l(c) ( 3) |  |  |  |  | Community Partnership  ► |
| 40,000. 0. | | |

1. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
2. Enter total number of other orgarnzat1ons listed 1n the line 1 table

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

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**Schedule** I **(Form 990) (2018)**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section 1f applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
| Project RIGHT  320 A Blue Hill Avenue Dorchester, MA 02121 | 04-3265420 | l50l(c)(3) | 75,000. | o. |  |  | dvocacy Support |
| Mattapan Community Health Center 1425 Blue Hill Ave  Mattapan, MA 02426 | 04-2544151 | l50l(c)(3) | 82,500. | 0. |  | !s | upport of the Community ealth Center |
| Sociedad Latina, Inc. 1530 Tremont Street  Roxbury, MA 02120 | 04-2678255 | Ol(c)(3) | 60,000. | o. |  |  | ommunity Partnership |
| South Cove Community Health Center, Inc. - 145 South Street - Boston, **MA** 02111 | 04-2501818 | Ol(c)(3) | 85,000. | 0. |  | !s | upport of the Community S:ealth 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 S:ealth 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. | o. |  |  | Support of the Community Health Center |
| Nurtury, Inc.  95 Berkeley Street, Suite 306 Boston, MA 02116 | 04-2105893 | l50l(c)(3) | 2,500. | 0. |  |  | ommunity Partnership |
| Massachusetts League of Community  Health Centers - 40 Court Street, 10th Floor - Boston, MA 02108 | 04-2507409 | l50l(c)(3) | 5,000. | o. |  |  | ommunity Partnership |

**Schedule I (Form 990)**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a}** Name and address of organization or government | **{b)** EIN | **(c}** !RC section 1f applicable | **{d}** Amount of cash grant | **(e}** Amount of non-cash assistance | **(f}** Method of valuation (book, FMV, appraisal, other) | **(g}** Descnpt1on of non-cash assistance | **(h}** Purpose of grant or assistance |
| The Hyde Square Task Force, Inc.  375 Centre Street  Jamaica Plain, MA 02130 | 04-3118543 | 0l(c)(3) | 2,500. | 0. |  |  | Community Partnership |
| Massachusetts Public Health  Association - 101 Tremont Street - Boston, MA 02108 | 04-2326503 | 501(c)(3) | 204,793. | o. |  |  | Community Partnership |
| Smart from the Start Inc.  68 Annunciation Road  Boston, MA 02120 | *45-4952663* | 50l(c)(3) | 3,000. | o. |  |  | ommunity Partnership |
| Health Law Advocates  30 Winter Street, 10th Floor Boston, MA 02108 | 04-3298116 | 0l(c)(3) | 25,000. | 0. |  |  | dvocacy 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. |  |  | dvocacy support |
| Greater Boston Chamber of Commerce  265 Franklin Street. 12th Floor Boston, MA 02110 | 04-1103090 | i50l(c)(3) | 10,000. | 0. |  |  | ommunity Partnership |
| Massachusetts Communities Action  Network - 50 Mt. Vernon Street - Boston, MA 02125 | 04-2863903 | 501(c)(3) | 2,500. | o. |  |  | 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. | o. |  |  | ommunity Partnership |

**Schedule I (Form 990}**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section 1f applicable | **(cl)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| Breakthrough Greater Boston PO Box 381486  Cambridge, MA 02238 | 04-3307783 | 501(c)(3) | 2,500. | o. |  |  | Community Partnership |
| NAACP Boston  30 Martin Luther King Boulevard Roxbury, MA 02119 | 04-3574060 | 501(c)(3) | 5,500. | o. |  |  | Massachusetts Voter Education |
| Boston Municipal Research Bureau  333 Washington Street Boston, MA 02108 | 22-2673755 | /,0l(c)(3) | 7,500. | 0. |  |  | Community Partnership |
| Mission Hill Neighborhood Housing  Services - 1620 Tremont Street - Mission Hill, MA 02120 | 23-7428011 | t>0l(c)(3) | 1,000. | 0. |  |  | tommunity Partnership |
| Black Ministerial Alliance of Greater Boston - 2010 Columbus Avenue - Boston, **MA** 02119 | 04-3499852 | 150l(c)(3) | 2,500. | 0. |  |  | tommunity Partnership |
| Brigham and Women's Hospital, Inc. 3297 Washington Street  Jamaica Plain, MA 02130 | 04-2312909 | 501(c)(3) | 160,000. | o. |  |  | Support of Community tl:ealth Center |
| City of Boston City Hall Plaza Boston, MA 02201 | 04-6001380 | P,.15 | 1,416,439. | 0. |  |  | tommunity Partnership |
| Charles River Community Health, Inc. - 287 Western Avenue - Allston, MA 02134 | 23-7221597 | 150l(c)(3) | 130,000. | o. |  |  | Support of Community aealth Center |
| Massachusetts Budget and Policy  Center - 15 Court Square, Suite 700 - Boston, MA 02108 | 04-2967537 | 0l(c)(3) | 30,000. | 0. |  |  | dvocacy support |

**Schedule I (Form 990)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section 1f applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| Metropolitan Boston Housing  ProJect - 125 Lincoln Street, 3rd Floor - Boston, MA 02111 | 04-2775991 | iSOl(c)(3) | 22,500. | 0. |  |  | ommunity Partnership |
| Urban Edge  1542 Columbus **Avenuer** Suite 2  Roxbury, MA 02119 | 22-2483475 | lsol(c)(3) | 1,000. | o. |  |  | nommunity Partnership |
| Massachusetts Associtation for Mental Health - 50 Federal Street 6th Floor - Boston, MA 02110 | 04-2104711 | iSOl(c)(3) | 5,000. | 0. |  |  | dvocacy Support |
| Massachusetts Health Council  200 Reservoir Road, Suite 101 Needham, **MA** 02494 | 04-2296739 | r:,Ol(c)(3) | 5,000. | o. |  |  | Community Partnership |
| Boston Center for Youth and  Families - 75 Newbury Street, 3rd Flooe - Boston, MA 02116 | 04-2602576 | l501(c)(3) | 152,352. | o. |  |  | Community Partnership |
| City Life/Vida Urbana PO Box 300107  Boston, MA 02130 | 04-2660311 | 1501(c)(3) | 150,000. | o. |  |  | Community Partnership |
| Mission Hill Little League PO Box 02120  Roxbury, MA 02120 | 04-3415069 | lsOl(c)(3) | 2,000. | o. |  |  | Community Partnership |
| Family Nurturing Center of Massachusetts - 200 Bowdoin Street  - Dorchester, MA 02122 | 31-1626186 | lsOl(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) |  |  |  |  | ommunity Partnership |
| 104,500. o. | | |

**Schedule I {Form 990)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | **{b)** EIN | **(c)** IRC section 1f applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **{f)** Method of valuation (book, FMV,  appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **{h)** Purpose of grant or assistance |
| Friends of the Children  555 Armory Street Boston, MA 02130 | 20-1581289 | 501(c)(3) | 2,500. | o. |  |  | Community Partnership |
| Waltham Boys & Girls Club  20 Exchange Street  Waltham, MA 02451 | 04-2103927 | !>Ol(c)(3) | 50,000. | o. |  |  | Community Partnership |
| Boston Children's Museum  308 Congress Street  Boston, MA 02210 | 04-2103993 | 501(c)(3) | 105,414. | o. |  |  | ommunity Partnership |
| Third Sector New England, Inc.  89 South Street, Suite 700  Boston, MA 02110 | 04-2261109 | !,Ol(c)(3) | 261,878. | 0. |  |  | Community Partnership |
| The Community Builders, Inc.  185 Dartmouth Street  Boston, MA 02116 | 04-2324773 | iSOl(c)(3) | 283,849. | 0. |  |  | Community Partnership |
| United Way of Massachusetts Bay,  Inc - 51 Sleeper Street - Boston, MA 02210 | 04-2382233 | iSOl(c)(3) | 99,798. | 0. |  |  | Community Partnership |
| Haley House, Inc.  23 Dartmouth Street Boston, MA 02116 | 04-2437845 | iSOl(c)(3) | 100,000. | 0. |  |  | Community Partnership |
| Massachusetts Housing Finance Agency - One Beacon Street - Boston, MA 02108 | 04-2443980 | 1115 | 75,000. | 0. |  |  | Community Partnership |
| Youth Enrichment Services, Inc.  412 Massachusetts Avenue  Boston, MA 02118 | 04-2509466 | !>01( c) ( 3) |  |  |  |  | Community Partnership |
| 50,000. 0. | | |

**r Part nl 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)** !RC section 1f applicable | **(d}** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f}** Method of valuation (book, FMV,  appraisal, other) | **(g}** Descnpt1on of non-cash assistance | **(h}** Purpose of grant or assistance |
| Chinatown People Progressive Association, Inc. - 28 Ash Street  - Boston, MA 02111 | 04-2631569 | is0l(c)(3) | 150,000. | 0. |  |  | nommunity Partnership |
| Jamaica Plain Neighborhood Development Corporation - 31 Germania Street - Jamaica Plain,  MA 02130 | 04-2652919 | p01(c)(3) | 225,000. | 0. |  |  | ommunity Partnership |
| Health Care for All, Inc.  One Federal Street, 5th Floor Boston, **MA** 02110 | 04-3071598 | 150l(c)(3) | 180,000. | 0. |  |  | Community Partnership &  dvocacy 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 | l115 | 150,000. | 0. |  |  | Community Partnership |
| Boston Educational Development Foundation, Inc. - 7 Palmer Street 2nd Floor - Roxbury, MA 02119  Massachusetts Affordable Housing Alliance, Inc. - 1803 Dorchester Avenue - Dorchester MA 02124 | 22-2514422 | p0l(c)(3) | 88,936. | 0. |  |  | Community Partnership |
| 22-3042637 | p01(c)(3) | 156,127. | o. |  |  | Community Partnership |
| Boston Chinatown Neighborhood Center, Inc. - 885 Washington Street - Boston, MA 02111 | 23-7209691 | 1501(c)(3) | 129,258. | 0. |  |  | Community Partnership |
| Boston's Higher Ground 384 Warren Street  Roxbury, MA 02119 | 27-3660369 | !301(c)(3) |  |  |  |  | Community Partnership |
| 300,000. 0. | | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section 1f applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| Commonwheels, Inc.  59 Aldie Street, \*1  Allston, **MA** 02134 | 45-4645136 | 150l(c}(3) | 49,530. | 0. |  |  | Community Partnership |
| Fresh Truck, Inc.  69 Shirley Street  Boston, **MA** 02119 | 46-2848535 | 501(c}(3) | 1,000. | 0. |  |  | ommunity Partnership |
| Raising a Reader Massachusetts  3 School Street, 3rd Floor  Boston, MA 02108 | 80-0297898 | 501(c}(3) | 146,000. | 0. |  |  | ommunity 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. | o. |  |  | advocacy Support |
| Dudley Street Neighborhood Initiative, Inc. - 550 Dudley Street - Roxbury, MA 02119 | 04-2859066 | 501(c}(3) | 150,000. | o. |  |  | Community Partnership |
| Dot House Health  1353 Dorchester Avenue  Dorchester, MA 02122 | 23-7125970 | ;:,0l(c)(3) | 150,000. | o. |  |  | Community Partnership |
| Spontaneous Celebrations, Inc.  45 Danforth Street Jamaica Plain, MA 02130 | 01-3253364 | 150l(c}(3) | 10,000. | 0. |  |  | Pommunity Partnership |
| Simmons University School of  Social work - 300 The Fenway - Boston, MA 02115 | 04-2103629 | 150l(c}(3) | 99,925. | 0. |  |  | Pommunity Partnership |

I**Part nl 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 organ1zat1on or government | **(b)** EIN | **(c)** IRC section 1f applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| Cambridge Family & Children's  Service - 60 Gore Street - Cambridge, MA 02141 | 04-2104057 | ISOl(c)(3) | 75,000. | o. |  |  | Community Partnership |
| West End House  105 Allston Street Allston, **MA** 02134 | 04-2105825 | 150l(c)(3) | 25,000. | o. |  |  | nommunity Partnership |
| Freedom House  5 Crawford Street  Boston, **MA** 02121 | 04-2240448 | 501(c)(3) | 150,000. | o. |  |  | hommunity Partnership |
| TSNE MissionWorks  89 South Street, Suite 700 Boston, **MA** 02116 | 04-2261109 | iSOl(c)(3) | 85,000. | o. |  |  | Community Partnership |
| Community Music Center of Boston,  Inc. - 34 Warren Avenue - Boston, MA 02116 | 04-2437973 | i50l(c)(3) | 17,500. | 0. |  |  | Community Partnership |
| Hopewell, Inc.  3 Allied Drive Suite 308 Dedham, MA 02026 | 04-2438910 | 150l(c)(3) | 25,000. | o. |  |  | Community Partnerships |
| William James College, Inc.  1 Wells Ave. Boston, MA 02459 | 04-2620216 | 150l(c)(3) | 249,998. | o. |  |  | Community Partnership |
| Boston Private Industry Council  2 Oliver Street Boston, MA 02109 | 04-2676661 | 15D1(c)(3) | 75,000. | 0. |  |  | Community Partnership |
| Community Service **Care,** Inc.  295 Centre Street #31  Jamaica Plain, **MA** 02130 | 04-2754281 | Ol(c)(3) |  |  |  |  | Community Partnership |
| 150,000. 0. | | |

**Schedule I (Form 990}**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section 1f applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| Mathematica  955 Massachusetts Avenue, Suite 80  Cambridge, MA 02139 | 22-2112296 | 150l(c)(3) | 278,973. | o. |  |  | tommunity Partnership |
| BAGLY, Inc.  28 Court Square  Boston, MA 02108 | 04-2785336 | 501(c)(3) | 100,000. | o. |  |  | ommunity Partnership |
| Children's Services of Roxbury  520 Dudley Street Boston, MA 02119 | 04-3082352 | 501(c)(3) | 99,999. | o. |  |  | nommunity Partnership |
| Boston Healthcare for the Homeless  Program - 780 Albany Street - Boston, MA 02118 | 04-3160480 | :,Ol(c)(3) | 18,500. | o. |  |  | 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 | :,Ol(c)(3) | 1,000. | 0. |  |  | Community Partnership |
| Familes First  9 Galen Street, Suite 400 Watertown, **MA** 02472 | 04-3413397 | [50l(c)( 3) | 3,000. | 0. |  |  | pommunity Partnership |
| Roxbury Presbyterian Church Social Impact Center - 328 Warren Street  - Roxbury, MA 02119 | 04-3506648 | [50l(c)(3) | 50,000. | 0. |  |  | pommunity Partnership |
| Fenway High School Fund 67 Alleghany Street  Boston, MA 02120 | 04-6719813 | 150l(c)(3) | 20,000. | 0. |  |  | pommunity Partnership |

**f Part 11T 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)** !RC section 1f apphcable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** Descnpt1on of non-cash assistance | **(h)** Purpose of grant or assistance |
| Madison Park Development Corporation - 184 Dudley Street,  \*102 - Boston, MA 02119 | 23-7164223 | 150l(c)(3} | 75,000. | o. |  |  | Community Partnership |
| East Boston Neighborhood Health  Center - 10 Gove Street - East Boston, MA 02128 | 23-7425849 | ISOl(c}(3) | 188,857. | 0. |  |  | Community Partnership |
| Youth and Family Enrichment Services - 1613 Blue Hill Avenue,  Suite 303 - Mattapan, MA 02126 | 27-2507783 | p01(c)(3) | 45,868. | 0. |  |  | Community Partnership |
| ABCD  178 Tremont Street Boston, MA 02111 | 04-2304133 | p01(c)(3) | 5,000. | 0. |  |  | Community Partnership |
| Girls on the Run Greater Boston  89 South Street, LLOO  Boston, MA 02111 | 46-3532424 | p01(c)(3) | 2,000. | o. |  |  | Community Partnership |
| Fenway Community Center 1282 Boylston Street  Boston, **MA** 02215 | 47-5582148 | 1501(c) (3) | 3,000. | o. |  |  | Community Partnership |
| Rennie Center for Education  Research & Policy - 114 State Street - Boston, **MA** 02109 | 51-0548106 | lsOl{c)(3) | 17,500. | 0. |  |  | dvocacy Support |
| Peer Health Exchange 745 Atlantic Ave.  Boston, MA 02111 | 56-2374305 | lsOl{c}(3) | 24,250. | o. |  |  | Community Partnership |
| Dana Farber Cancer Institute  450 Brookline Avenue  Boston, **MA** 02215 | 04-2263040 | ISOl{c)(3) |  |  |  |  | !\.dvocacy Support |
| 10,000. o. | | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section 1f applicable | (**d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation  (book, FMV, appraisal, other) | **(g)** DescnptIon of non-cash assistance | **(h)** Purpose of grant or assistance |
| The Children's Trust, Inc.  55 Court Street, 4th Floor Boston, MA 02108 | 04-3123184 | 501(c)(3) | 4,500. | o. |  |  | ll.dvocacy Support |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Part Ill Grants and Other Assistance to Domestic Individuals.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 22

Part Ill can be duplicated 1f addrt1onal space 1s needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** Type of grant or assistance | **{b)** Number of rec1p1ents | **(c)** Amount of cash grant | **(d)** Amount of non- cash assistance | **(e)** Method of valuation (book, FMV, appraisal, other) | **(f)** Description of noncash assistance |
| Sibylla Orth Young Fund for Student Aid | 21 | 39,000. | 0. | IFMV |  |
| Nursing Education Scholarship Fund | 91 | 181,900. | o. | IFMV |  |
| Joshua T. Shairs Cardiology Fund | 3 | *3,000.* | o. | FMV |  |
| Family Resource Center Fund | 21 | 0. | 47,146. | IFMV | ducational Resources |
| Yawkey Family Inn Fund | *2462* | o. | 171,634. | IFMV | Housing Assistance |

**I Part IV I Supplemental Information.** Provide the 1nformat1on reau1red 1n Part I, ltne 2, Part Ill, column (b), and anv other add1t1onal 1nformat1on.

Part I, Line **2:**

Children's Hospital provides three types of grants and assistance: (1) Sponsorships, (2) Scholarships, and (3) Assistance Programs.

SPONSORSHIPS:

Children's supports external strategic partners that enhance Children's role and reputation as (1) a good neighbor; (2) community health partner;

1. civic leader; (4) and an employer of choice.

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See Part IV for Column (f) descriptions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** Type of grant or assistance | **(b)** Number of rec1p1ents | **(c)** Amount of cash grant | **(d)** Amount of non- cash assistance | **(e)** Method of valuation (book, FMV,  appraisal, other) | **(fl** Descnpt1on of non-cash assistance |
| Devon Nicole House Operating Fund | 1,321. | o. | 47,447. | FMV | ousing Assistance |
| Pet Therapy Program Fund | 4,749. | 0. | 134,792. | Other | theurapeutic dog visits made o inpatients |
| Sandra & Geoffrey Fenwick Family Income Fund | *96.* | 0. | 928. | '3  FMV !f | ereavement programs for amilies |
| Extraordinary Needs Fund II | 100. | 97,573. | o. | FMV |  |
| Volunteer Department Fund | 1,000. | o. | 10,540. | FMV | upplies, Catering and ntertainment for Patients and  eatient's families. |
| Broadway Sam Fund | 1,331. | o. | 39,935. | );'MV | tickets for Art and ntertainment Events |
| Family Services Fund | 2,588. | o. | 206,817. | );'MV | 3reeting Cards and supplies or Adopt a Family Program &  wellness supplies and services |
| Milagros Para las Family Fund | 561. | 0. | 60,327. | );'MV | rranslation services and program support for spanish speaking families. |
| Barber Family Endowment Fund | 19. | o. | 18,534. | );'MV | reen Advisory Committee expenses |

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04-01-18

**Schedule I (Form 990)**

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** Type of grant or assistance | **(b)** Number of rec1p1ents | **(c)** Amount of cash grant | **(d)** Amount of non- cash assistance | **(e)** Method of valuation (book, FMV,  appraisal, other) | **(f)** Descnpt1on of non-cash assistance |
| Hale Center for Families Endowment Operating Fund | 664. | 0. | 97,061. | IFMV | "hild Life Specialist and art supplies. |
| Matthew Puffer Parking Fund | 25. | 7,360. | o. | IFMV |  |
| Foster Grandparent Program Fund | 1,000. | o. | 14,175. | IFMV | Sponsored dog show, music events, magic shows and face  painting activities |
| .Amos's Endowment/Operating Fund | 2,577. | o. | 5,376. | FMV | $upplies for Center for Families to meet patient  amily needs,specifically  printed materials to inform |
| Patient Family Housing Fund | 85. | 182,763. | 0. | FMV | Covers 6 apartments for ong-term (one to 4 month tays) patient families -  11:'ent, furniture, electricity, |
| Room to Heal Fund | 33. | o. | 6,899. | FMV | Did You Know lunch aeries patering, printed materials  or family resurces (Milagros,  otel information, and CFF |
| Telemachus and Irene Demoulas Family Foundation Extraordinary Needs Endowment Operating Fund | 219. | 0. | 18,357. | IFMV | ACT Hope Program support, pomfort sheets for end of  ife, Keeping Connections  event supplies and parking |
| Alexander Masse Baer Entertainment Fund | 100. | o. | 950. | IFMV | Sponsored one dog show and Four magic shows |
|  |  |  |  |  |  |

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04--01-18

**Schedule I (Form 990)**

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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

1. 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

1. 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
2. a business , civic, or advocacy strategic partner that senior management is actively engaged in
3. meets the IRS and the Massachusetts Attorney General's community support or community benefit criteria
4. meets the City of Boston eligibility as a "payment in lieu of taxes' investment

Records and copies of sponsorship requests and the resulting grants are kept in paper form in the Office of Child Advocacy, All sponsorships

requests are commonly for general operating support, All sponsorship is

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**Schedule I (Form 990)**

##### 14360715 353314 CH

**95**

**2018.05020 Children's Hospital Corpora CH. 1**

sent a letter that reiterates the stated use of the grant or assistance and with any Community Partnership Grants, representatives of Children's make site visits to many of the grantees and request end-of-year reports,

SCHOLARSHIPS:

Children's Hospital offers several scholarship programs to support the educational goals of its employees and/or their immediate families,

The Sibylla Orth Young Scholarship is available to employees and their immediate families who have worked at least **six** months and meet income and grade point average guidelines as well as demonstration of sincere commitment to the healthcare profession. Priority will be given to those pursuing careers in healthcare positions experiencing labor shortages (e,g,, radiographer, pharmacy technician, clinical lab technician, nursing). Sibylla Orth Young Scholarship applications are reviewed and maintained by the Office of Learning and Development selection committee,

The Nursing Education Scholarship is available to deserving nurses to further his or her education in patient care and the Joshua T, Shairs Cardiology Fund is a scholarship for nurses in the field of cardiology, All nursing scholarship applicants must have worked at least three months, be enrolled in an academic program leading to a degree, demonstrate a

commitment to the patient care and be in good standing, both professionally and academically, Scholarship applications for the Nursing Education Scholarships and Joshua T, Shairs Cardiology Funds are reviewed and maintained by the Department of Nursing/Patient Services selection

committee.

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04-01-18

**Schedule I (Form 990)**

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**?n1R.OS020 ChildrPn'R HnRni , nrnnr H 1**



All scholarship recipients are required to sign a Terms of Acceptance agreement affirming the funds will only be used for tuition, fees and/or class materials required for course instructions.

ASSISTANCE PROGRAMS:

Children's Hospital offers several financial assistance programs to provide funding to patients and their families burdened by the costs associated with long-term hospitalization, acute/chronic illness, disability or impairment.

We recognize the significant financial and support services burdens that patients and families face when experiencing frequent ambulatory services or prolonged inpatient admissions at Boston Children's Hospital. These funds are primarily intended for use in emergent situations, and as a stop-gap intervention only. They are not intended to provide permanent or long term solutions to financial need. Essentially, these are funds of "last resort" when alternative options do not exist.

All financial assistance requests are assessed by a social worker. If there appears to be significant financial hardship, the social worker does a financial assessment based on the policies and guidelines for the use of these special funds. Typical requests include assistance with transportation, utilities (a child cannot be discharged without adequate heat, electricity, telephone contact in the home), etc. Each request is reviewed by the Director of the Fund. Checks are not payable to the family,

rather a payment may be made directly to the company involved via an

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**Schedule I (Form 990)**

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**14360715 353314 CH**

**2018.05020 Children's Hospital Corpora CH 1**

invoice from that company, e,g,, National Grid,

Assessment considerations for Special Fund requests are based on:

* Duration of Need
* Demographic
* Family Status
* Income Factors
* Clinical Factors
* Alternate Resources Available

\* Funding Limits

(f) Description of Non-cash Assistance: Supplies for Center for Families to meet patient family needs,specifically printed materials to inform families of services available (center brochures in multiple languages)

(f) Description of Non-cash Assistance: Covers *6* apartments for long-term (one to 4 month stays) patient families - rent, furniture electricity, cable & supplies

(f) Description of Non-cash Assistance: Did You Know lunch series catering, printed materials for family resurces (Milagros, hotel information, and CFF guide), and ICU Parent Sleep Space room cards

(f) Description of Non-cash Assistance: PACT Hope Program support, comfort sheets for end of life, Keeping Connections event supplies and

parking vouchers, and Memorial Service hall reservation and printed

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**Schedule I (Form 990}**

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**2018.05020 Children's Hospital Corpora CH 1**

**Part IV Supplemental Information**

material.

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04-01-18

**14360715 353314 CH**

**Schedule** I **(Form 990)**

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2018.05020 Children's Hospital Corpora CH 1

|  |  |  |
| --- | --- | --- |
| **SCHEDULEJ**  **{Form 990)**  Department of the Treasury Internal Revenue Servme | **Compensation Information**  **For certain Officers, Directors, Trustees, Key Employees, and Highest**   * **Compensated Employees**   Complete 1f the organiza►tion answered **"Yes"** on Form 990, Part IV, lme 23.   * + Att ach to Form 990.   Go to [www.1rs.aov/Form990](http://www.1rs.aov/Form990) for instructions and the latest mformat1on. | 0MB No 1545-0047 |
| **2018**  Open to Public Inspection |

Name of the organization **Employer 1dentIfication number**

I

Children's Hospital Corporation 04-2774441

I **Part** I I **Questions Regarding Compensation**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| **1a** Check the appropriate box(es) if the organ1zat1on provided any of the following to or for a person listed on Form 990,  Part VII, Section A, line 1a Complete Part Ill to provide any relevant 1nformat1on regarding these items  D First-class or charter travel D Housing allowance or residence for personal use  D Travel for companions D Payments for business use of personal residence  W Tax 1ndemn1f1cation and gross-up payments D Health or social club dues or 1nit1ation fees  D Discretionary spending account D Personal services (such as maid, chauffeur, chef)  b If any of the boxes on hne 1a are checked, did the organization follow a wntten policy regarding payment or reimbursement or prov1s1on of all of the expenses described above? If "No," complete Part Ill to explain   1. Did the organization require substantiation prior *to* reimbursing or allowing expenses Incurred by all directors,   trustees, and officers, 1nclud1ng the CEO/Executive Director, regarding the items checked on hne 1a?   1. 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 Ill  W Compensation committee W Written employment contract  W Independent compensation consultant W Compensation survey *or* study  W Form 990 of other organizations W Approval by the board or compensation committee   1. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization *or* a related organization:    1. Receive a severance payment or change-of-control payment?    2. Participate in, or receive payment from, a supplemental nonquahf1ed retirement plan?    3. Participate 1n, or receive payment from, an equity-based compensation arrangement?   If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part Ill  **Only section 501(c)(3), 501(c)(4), and 501(c)(29) organ1zatIons must complete Imes 5-9.**  **5** For persons listed on Form 990, Part VII, Section A, hne 1a, did the organization pay or accrue any compensation contingent on the revenues of   1. The organization? 2. Any related organization?   If "Yes" on hne 5a or 5b, describe 1n Part Ill   1. 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    1. The organization?    2. Any related organ1zat1on?   If "Yes" on line 6a or 6b, descnbe 1n Part Ill   1. For persons listed on Form 990, Part VII, Section A, hne 1 a, did the organization provide any nonf1xed payments not described on lines 5 and 6? If "Yes," describe 1n Part Ill 2. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subJect to the 1nit1al contract exception described 1n Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part Ill 3. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described 1n   Reaulat1ons section 53 4958 6/c\? | **1b** |  | X |
| 2 |  | X |
| 4a | X |  |
| 4b | X |  |
| 4c  Sa |  | X  X |
| Sb |  | X |
| 6a |  | X |
| 6b |  | X |
| 7 |  | X |
| **8** |  | X |
| **9** |  |  |

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

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**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 1f add1tIonal space Is needed.

For each 1nd1vIdual whose compensation must be reported on Schedule J, report compensation from the organization on row (1) and from related organizations, described In the instructions, on row Q1). Do not list any 1nd1v1duals that aren't listed on Form 990, Part **VII**

**Note:** The sum of columns (B)(1)-(11Q for each listed 1nd1v1dual must equal the total amount of Form 990, Part VII, Section **A,** line 1a, applicable column (D) and (E} amounts for that 1nd1v1dual

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(A)** Name and Title | | **(Bl** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(El** Total of columns (8)(1)-(D) | **(F)** Compensation in column (B)  reported as deferred  on prior Form 990 |
|  | | **(1iI)** Other reportable compensation |
| **(1)** Base  compensation | **(11)** Bonus &  incentwe compensation |
| (1) Sandra Fenwick  CEO, Noncomp Director | **(1)**  **(11)** | 1,168,187. | 900,000. | 538,238. | 27,500. | 49,551. | 2,683,476. | o. |
| 0. | o. | o. | 0. | o. | o. | 0. |
| (2) Kevin Churchwell, MD  President & COO/Noncomp Director | **(i)**  **(ii)** | 782,233. | 450,000. | 310,896. | 22,000. | 53,817. | 1,618,946. | 0. |
| 0. | 0. | 0. | o. | o. | o. | 0. |
| (3) Doug Vanderslice  EVP, Treasurer & CFO | **(1)**  **(ii)** | 710,929. | 225,090. | 577,333. | 22,000. | 33,817. | 1,569,169. | 0. |
| 0. | 0. | 0. | o. | o. | o. | 0. |
| (4) Bruce Balter  Asst Treasurer/Dir Corp Finance | **(i)**  **(ii)** | 235,560. | 15,689. | 16,380. | 32,986. | 17,667. | 318,282. | 0. |
| o. | o. | 0. | 0. | 0. | o. | 0. |
| (5) Michele Garvin, Esq.  General Counsel & Secretary | **(i)**  **(ii}** | 563,935. | 232,655. | 113,203. | 24,750. | 22,512. | 957,055. | 0. |
| o. | 0. | 0. | 0. | 0. | o. | 0. |
| (6) Laura J. Wood, DNP, MS, RN  CNO/Noncomp Director | **(i)**  **(ii}** | 437,382. | 104,243. | 77,881. | 22,000. | 24,840. | 666,346. | 0. |
| o. | 0. | o. | o. | 0. | o. | o. |
| (7) Demosthenes Argys  SVP, & Chief Administrative Officer | **{i}**  **(ii}** | 487,486. | 113,421. | 86,745. | 24,750. | 19,950. | 732,352. | 0. |
| 0. | o. | o. | a. | 0. | o. | o. |
| ( 8) August Cerv1n1  VP, Research Administration | **(i)**  **(ii)** | 282,386. | 73,505. | 44,627. | 19,250. | 22,779. | 442,547. | o. |
| 0. | 0. | o. | 0. | o. | o. | o. |
| (9) Michael Gillespie  VP, Clinical Services | (i}  **(11)** | 364,515. | 66,420. | 61,501. | 22,000. | 14,069. | 528,505. | 0. |
| 0. | 0. | o. | o. | o. | o. | 0. |
| (10) Cynthia Haines  SVP, International Services | **(1}**  **(11)** | 428,591. | 119,630. | 78,873. | 22,000. | 26,357. | 675,451. | 0. |
| o. | o. | o. | o. | o. | o. | o. |
| (11) Patricia Hickey, PhD, MBA, RN,  VP, Cardiovascular Services | **(i)**  **(ii)** | 331,840. | 31,044. | 32,054. | 33,000. | 6,897. | 434,835. | 0. |
| o. | o. | 0. | o. | 0. | o. | 0. |
| (12) Lisa Hogarty  SVP, RE Planning and Development | **(i)**  **(ii)** | 424,650. | 100,553. | 75,230. | 22,000. | 26,268. | 648,701. | 0. |
| 0. | o. | 0. | o. | o. | o. | 0. |
| (13) Daniel NJ.grin, MD  SVP & Chief Information Officer | **(i)**  **(ii)** | 456,897. | 107,010. | 76,857. | 24,750. | 16,127. | 681,641. | 0. |
| o. | 0. | 0. | 0. | 0. | o. | 0. |
| (14) Philip Rotner  Chief Investment Officer | **(1)**  **(ii)** | 660,018. | 580,317. | 189,772. | 22,000. | 40,807. | 1,492,914. | o. |
| 0. | 0. | 0. | 0. | o. | o. | o. |
| (15) Wendy Warring  SVP, Network Development | (i}  **(1i)** | 485,492. | 112,545. | 80,830. | 24,750. | 20,307. | 723,924. | 0. |
| 0. | 0. | o. | o. | 0. | o. | o. |
| (16) Nader Rifai, PhD  Director, Chemistry | **(1)**  **rm** | 461,592. | 210,264. | 12,897. | 30,250. | 12,652. | 727,655. | 0. |
| o. | 0. | o. | 0. | o. | 0. | 0. |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 1f add1t1onal space Is needed

For each ind1v1dual whose compensation must be reported on Schedule J, report compensation from the organization on row (Q and from related organizations, described in the instructions, on row (11)

Do not 11st any 1ndIvIduals that aren't listed on Form 990, Part **VII.**

**Note:** The sum of columns (8)(1)-(111) for each listed md1v1dual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that 1nd1v1dual

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(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)(Q-(D) | **(F)** Compensation In column (B)  reported as deferred on pnor Form 990 |
| **(i)** Base compensation | (1i) Bonus & IncentIve compensation | **(iii)** Other reportable  compensation |
| (17) Lynn Susman  President, Children's Hospital Trust | **(i)**  **(ii)** | 438,562. | 115,000. | 78,111. | 27,500. | 30,582. | 689,755. | 0. |
| o. | 0. | o. | o. | o. | 0. | 0. |
| (18) Reginald Stover  VP, Human Resources | **(i)**  **(ii)** | 386,090. | 150,000. | 85,784. | o. | 22,751. | 644,625. | 0. |
| o. | 0. | 0. | o. | 0. | 0. | 0. |
| (19) Martin Kelly  Director, Investments | **(i)**  **(ii)** | 355,220. | 284,467. | 1,611. | 22,000. | 17,714. | 681,012. | 0. |
| 0. | 0. | o. | 0. | 0. | o. | 0. |
| (20) Alison Svizzero  Director, Investments | **(i)**  **(ii)** | 325,553. | 257,818. | 509. | 19,250. | 1,608. | 604,738. | 0. |
| 0. | 0. | 0. | o. | o. | 0. | 0. |
| (21) James Mandell, MD  Former CEO | **(i)**  **(ii)** | 0. | o. | 674,930. | o. | 0. | 674,930. | o. |
| 0. | 0. | o. | o. | o. | 0. | 0. |
|  | **(1)**  **(ii)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(i)**  **(ii)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(i)**  **(ii)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(i)**  **(ii)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(i)**  **(11)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(i)**  **(ii)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(1)**  **(ii)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(1)**  **(ii)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(i)**  **(11)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(i)**  **(1i)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(i)**  **(ii)** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Part Ill Supplemental Information**

Provide the 1nformat1on, explanation, or descnpt1ons required for Part I, lines 1a, **1**b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any addrt1onal information.

Part I, Line la:

One officer received a gross up payment during the year. This amount was included in taxable income and is reported on Form 990 Part VII and Schedule J.

Part I Line lb:

The one reportable listed benefit in line la was approved by the Hospital's board level compensation committee. The committee is comprised of members of the board who are not employed the Organization.

Part I, Lines 4a-b.

Boston Children's Hospital made contributions to the supplemental non-qualified retirement plan for the 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.

Provide the information, explanation, *or* descnpt1ons required for Part **1,** lines 1 a, 1b, 3, 4a, 4b, *4c,* Sa, Sb, 6a, 6b, 7, and 8, and for Part II Also complete this part for any add1t1onal 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

Provide the information, explanation, or descnptions 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

|  |  |  |
| --- | --- | --- |
| **(Form 990)**  Department of the Treasury  **Internal Revenue Service** | **Complete if the organization answered "Yes" on Form 990, Part IV, lme 24a. Provide descriptions,**   * ► **explanations, and any additional information in Part VI.**   **Attach to Form 990. Go to** [**www.irs.gov/Form990**](http://www.irs.gov/Form990) **for instructions and the latest information.** | **2018**  **Open to Public Inspection** |

Name of the organization

**Part I Bond Issues**

Children's Hospital Corporation

**Employer ident1f1cation number**

04-2774441

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Issuer name | **(b)** Issuer EIN | **(c)** CUSIP# | **(d)** Date issued | **(e)** Issue pnce | **(f)** Descnpt1on of purpose | **(g)** Defeased | | **(h)** On behalf of issuer | | **(i)** Pooled financing | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **AMHEFA,** Revenue Bonds Series N | 04-2456011 | 57586EUJ8 | 05/13/10 | 341,590,000. | l<.efunded Series G, H, I  J & K |  | **X** |  | **X** |  | **X** |
| **8** MDFA, Revenue Bonds Series 0 | 04-3431814 | oneAvail | 12/11/13 | 200,640,000. | Refunded Series L |  | **X** |  | **X** |  | **X** |
| **C** MDFA, Revenue Bonds Series p | 04-3431814 | 7583UK31 | 05/21/14 | 136,685,000. | [(few bldg construction,  **reno ..** & capital equip |  | **X** |  | **X** |  | X |
| **D** MDFA, Revenue Bonds Series Q | 04-3431814 | oneAvail | 07/11/14 | 50,255,000. | [(few building construction  & renovations |  | X |  | X |  | X |

**Part II Proceeds**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | Amount of bonds retired | | **A** | | **B** | | **C** | | **D** | |
|  | |  | |  | |  | |
| **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 1n reserve funds |  |  | |  | |  | |  | |
| **5** | Caprtahzed interest from proceeds |  |  | |  | |  | |  | |
| **6** | Proceeds 1n refundino 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** | Workinq capital expenditures from proceeds ... |  |  | |  | |  | |  | |
| **10** | Caprtal 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, 1f issued pnor to 2018, a current refund1nq issue)? |  | X |  | X |  |  | X |  | X |
| **15** | Were the bonds issued as part of a refunding issue of taxable bonds (or, 1f  issued pnor to 2018, an advance refunding issue)? |  |  | X |  | X |  | X |  | X |
| **16** | Has the final allocation of proceeds been made? .. |  | X |  | X |  | X |  | X |  |
| **17** | Does the orgarnzat,on maintain adequate books and records to support the  final allocation of proceeds? .. |  | X |  | X |  | X |  | X |  |

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|  |  |  |
| --- | --- | --- |
| **(Form 990)**  Department of the Treasury Internal Revenue Service | **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**](http://www.irs.gov/Form990) **for instructions and the latest information.** | **2018**  **Open to Public Inspection** |

Name of the organization

Part I **Bond Issues**

Children's Hospital Corporation

**Employer ident1f1cation number**

04-2774441

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** Issuer name | **(b)** Issuer EIN | **(c)** CUSIP# | **(d)** Date issued | **(e)** Issue pnce | **(f)** Descnpt1on of purpose | **(g)** Defeased | | **(h)** On behalf of issuer | | **(1)** Pooled f1nancIng | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **A** MDFA, Revenue Bonds Series R | 04-3431814 | li[oneAvail | 07/29/14 | 125,350,000. | Refunded a portion of  Series N |  | X |  | X |  | X |
| **B** MDFA, Revenue Bonds Series s | 04-3431814 | oneAvail | 12/19/17 | 135,215,000. | Refunded Series M |  | X |  | X |  | X |
| **C** |  |  |  |  |  |  |  |  |  |  |  |
| **D** |  |  |  |  |  |  |  |  |  |  |  |

**Part** II **Proceeds**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** Amount of bonds retired .. | **A** | | **B** | | **C** | | **D** | |
|  | |  | |  | |  | |
| **2** Amount of bonds leqallv 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 m refundmq escrows | 125,000,000. | |  | |  | |  | |
| **7** Issuance costs from proceeds | 350,000. | | 511,201. | |  | |  | |
| **8** Credit enhancement from proceeds ... ... |  | |  | |  | |  | |
| **9** Work1nq capital expenditures from proceeds ... |  | |  | |  | |  | |
| **10** Capital exoend1tures 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 pnor to 2018, a current refundmq issue)? ... | X |  |  | X |  |  |  |  |
| **15** Were the bonds issued as part of a refunding issue of taxable bonds (or, 1f  issued pnor to 2018, an advance refund1na issue)? . . .. |  | X | X |  |  |  |  |  |
| **16** Has the final allocation of proceeds been made? ... | X |  | X |  |  |  |  |  |
| **17** Does the organization ma1ntaIn adequate books and records to support the  final allocation of proceeds? ... . . | X |  | X |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .. | **A** | | **B** | | **C** | | **D** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
|  | X |  | X |  | X |  | X |
| **2**  **3a** | Are there any lease arrangements that may result tn private business use of bond-financed property?  Are there any management or service contracts that may result In private  business use of bond-financed property? .. . .. |  | X |  | X |  | X |  | X |
|  | X |  | X |  | **X** |  | X |
| **b** If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any manaqement or service contracts relatInq 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 anv 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) oraarnzatIon or a state or local government ► | | .oo % | | .oo % | | ,00 % | | .oo % | |
| **5** | Enter the percentage of financed property used m a private business use as a result of unrelated trade or business actIvIty earned on by your organization, another  section 501(c)(3) on:iarnzatIon, or a state or local Qovernment ► | .oo % | | .00 % | | ,00 % | | .OD % | |
| **6** | Total of Imes 4 and 5 | .oo % | | .DO % | | .DO % | | .oo % | |
| **7** | Does the bond issue meet the private secuntv or payment test? .. . . |  | X |  | X |  | X |  | X |
| **Ba** | Has there been a sale or d1sposrt1on of any of the bond-financed property to a non- aovernmental person other than a 501(c)(3) orQarnzatIon since the bonds were issued? |  | X |  | X |  | X |  | X |
| **b** | If "Yes" to line Ba, enter the percentage of bond-financed property sold or disposed  of .. | % | | % | | % | | % | |
| **C** | If "Yes" to line Ba, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-2? .. |  |  |  |  |  |  |  |  |
| **9** | Has the organization established wntten procedures to ensure that all nonqualif1ed  bonds of the issue are remed1ated In accordance with the requirements under Reaulat1ons sections **1** 141-12 and 1 145-2? | X |  | X |  | X |  | X |  |

**Part IV Arbitrage**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** |  | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty In Lieu of Arb1traqe Rebate? .. | | | | **A** | | **B** | | **C** | | **D** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
|  | X |  | X |  | X |  | X |
| **2** |  | **If** "No" to line 1, did the followmq aooJy? |  |  | .. |  | |  | |  | |  | |
|  | **a** | Rebate not due vet? | .. |  | |  | X |  | X |  | X |  | X |
|  | **b** | Exception to rebate? .. |  |  | |  | X |  | X |  | X |  | X |
|  | **C** | No rebate due? . . |  | ... | | X |  | X |  | X |  | X |  |
| If "Yes" to line 2c, provide In Part VI the date the rebate computation was  performed | | | | | |  | |  | |  | |  | |
| **3** |  | Is the bond issue a vanable rate issue? |  |  | | X |  | X |  |  | X | X |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** Was the organization a partner In a partnership, or a member of an LLC,  which owned property financed bv tax-exempt bonds? .. | **A** | | **B** | | **C** | | **D** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
|  | X |  | X |  |  |  |  |
| **2** Are there any lease arrangements that may result In private business use of bond-financed property?  **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 anv manaaement or service contracts relatma to the financed property? |  |  |  |  |  |  |  |  |
| **c** Are there any research agreements that may result m 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 anv research aareements relatma to the financed orooertv? .. |  |  |  |  |  |  |  |  |
| **4** Enter the percentage of financed property used In a private business use by  entities other than a section 501(c)(3) oraanizatIon or a state or local aovernment ► | .oo % | | .oo % | | % | | % | |
| **5** Enter the percentage of financed property used m a private business use as a result of unrelated trade or business activity earned on by your organization, another  section 501(c)(3) oraarnzatIon, or a state or local aovernment .. ► | .oo % | | .00 % | | % | | % | |
| **6** Total of lines 4 and 5 .. - - -- | .oo % | | .oo % | | % | | % | |
| **7** Does the bond issue meet the private security or payment test? ... |  | X |  | X |  |  |  |  |
| **8a** Has there been a sale or dIspos1t1on of any of the bond-financed property to a non- aovernmental person other than a 501(c)(3) oraarnzatIon since the bonds were issued? |  | X |  | X |  |  |  |  |
| **b** If "Yes" to line Ba, enter the percentage of bond-financed property sold or disposed  of - - - -- - .. | % | | % | | % | | % | |
| **C** If "Yes" to line Ba, was any remedial action taken pursuant to Regulations sections  1.141-12 and 1.145-2? . . .. |  |  |  |  |  |  |  |  |
| **9** Has the organization established written procedures to ensure that all nonqualifIed bonds of the issue are remed1ated In accordance with the reqwrements under  Reaulat1ons sections 1.141-12 and 1 145-2? .. . . | X |  | X |  |  |  |  |  |

**Part IV Arbitrage**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty In Lieu of ArbItraae Rebate? ... -- - - -- | | | | | | | **A** | | **B** | | **C** | | **D** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
|  | X |  | X |  |  |  |  |
| **2** |  | If "No" to line **1,** did the follow1na aooly? |  |  |  | .. |  | |  | |  | |  | |
|  | **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** *(Contmued)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4a** | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | | | | | **A** | | **B** | | **C** | | **D** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| X |  | X |  |  | X |  | X |
| **b** | Name of orov1der | | | | | | Goldman Sachs Mitsu | | 3oldmn Sachs/BOA | |  | |  | |
| **C** | Term of hedae | | | | | | 30.0000000 | | 30.0000000 | |  | |  | |
| **d** | Was the hedae suoenntearated? |  |  |  |  | -- ·- |  | X |  | **X** |  |  |  |  |
| **e** | Was the hedae terminated? |  | - - |  |  |  |  | X |  | X |  |  |  |  |
| **Sa** | Were ciross proceeds invested in a auaranteed investment contract (GIG)? | | | | | |  | X |  | X |  | **X** |  | X |
| **b** | Name of provider |  |  | - -- | --- |  |  | |  | |  | |  | |
| **c** | TermofGIG | - - |  |  |  |  |  | |  | |  | |  | |
| **d** | Was the regulatory safe harbor for estabhshinq the fair market value of the GIG sat1sf1ed? | | | | | |  |  |  |  |  |  |  |  |
| **6** | Were any gross proceeds invested beyond an available temporary penod? | | | | | |  | X |  | X |  | X |  | X |
| **7** | Has the organization established wrrtten procedures to monitor the requirements of section 148? | | | | | | X |  | X |  | X |  | X |  |

**Part V Procedures To Undertake Corrective Action**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has the organization established wrrtten procedures to ensure that v1olat1ons of federal tax requirements are timely Identmed and corrected through the voluntary closing agreement program If self-remedIat1on isn't available under applicable  regulations? -- - - | **A** | | **B** | | **C** | | **D** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| X |  | X |  | X |  | X |  |

**Part VI Supplemental Information.** Provide addIt1onal Informat1on for responses to questions on Schedule K. See instructions

**Part IV Arbitrage** *(Continued)*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4a** | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | ... | | **A** | | **B** | | **C** | | **D** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| X |  |  | X |  |  |  |  |
| **b** | Name of provider .. | | | Goldman Sachs Mitsu | |  | |  | |  | |
| **c** | Term of hedge . . .. .. | | | 30.0000000 | |  | |  | |  | |
| **d** | Was the hedqe suoennteorated? . . ... | | |  | X |  |  |  |  |  |  |
| **e** | Was the hedqe terminated? |  | .. |  | X |  |  |  |  |  |  |
| **5a** | Were qross proceeds invested 1n a quaranteed investment contract (GIC)? ... | | |  | X |  | X |  |  |  |  |
| **b** | Name of provider | .. |  |  | |  | |  | |  | |
| **C** | Term of GIC .. . ... | | |  | |  | |  | |  | |
| **d** | Was the requlatory safe harbor for establish1nq the fair market value of the GIC sat1sf1ed? | | |  |  |  |  |  |  |  |  |
| **6** | Were any qross proceeds invested beyond an available temporary penod? |  | ... |  | 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**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has the organization established wntten procedures to ensure that v1olat1ons of federal tax requirements are timely 1dent1f1ed and corrected through the voluntary closing agreement program 1f self-remed1at1on isn't available under applicable regulations? .. .. . . | **A** | | **B** | | **C** | | **D** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| X |  | X |  |  |  |  |  |

**Part VI Supplemental Information.** Provide add1t1onal 1nformat1on for responses to questions on Schedule K. See instructions

Schedule K, Part IV, Arbitrage, Line 2c:

* 1. Issuer Name: MHEFA, Revenue Bonds Series N

Date the Rebate Computation was Performed: 09/30/2014

(a) Issuer Name: MDFA, Revenue Bonds Series O

Date the Rebate Computation was Performed: 12/11/2018

(a) Issuer Name: MDFA, Revenue Bonds Series P

Date the Rebate Computation was Performed: 09/30/2018

(a) Issuer Name: MDFA, Revenue Bonds Series Q

Date the Rebate Computation was Performed: 09/30/2018

(a) Issuer Name: MDFA, Revenue Bonds Series R

Date the Rebate Computation was Performed: 09/30/2018

(a) Issuer Name: MDFA, Revenue Bonds Series S

Date the Rebate Computation was Performed: 12/01/2019

Name of the organization I **Employer 1dentIfIcation number**

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| --- | --- | --- |
| SCHEDULE M  **(Form 990)**  Department of the Treasury Internal Revenue Service | **Noncash Contributions**   * **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.** * **Attach to Form 990.**   **Go to** [**www.1rs.gov/Form990**](http://www.1rs.gov/Form990) **for mstructIons and the latest information.** | 0MB No 1545-0047 |
| **2018**  **Open to Public Inspection** |

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I Part I I **Types of Property**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ap | **(a)**  Check 1f plicable | **(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 - HIstoncal treasures 3. Art - Fractional interests 4. Books and publ1cat1ons 5. Clothing and household goods 6. Cars and other vehicles 7. Boats and planes 8. Intellectual property 9. Securities • Publicly traded 10. Securities • Closely held stock 11. Securities - Partnership, LLC, or trust interests 12. Secunt1es - 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 19. Food inventory 20. Drugs and medical supplies 21. Taxidermy 22. Historical artifacts 23. Scientific specimens 24. Archeological artifacts 25. Other ► ( Travel/Dining ) 26. Other ► ( Misc. Other ) 27. Other ► ( ) 28. Other ► *(* ) |  |  |  |  |
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| **X** | 91 | 14,958,119. | Mean Value on Gift Date |
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| X | 19 | 4,325. | t-ikt Value per Donor |
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| X | 4 | 155,000. | t-flct Value per Donor |
| X | 26 | 65,830. | t-flct Value per Donor |
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|  |  |  |  |

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

# 1291

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that 1t 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?  **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 sohrnt, process, or sell noncash contributions?  **b** If "Yes," describe 1n Part II.  **33** If the organization didn't report an amount in column (c) for a type of property for which column (a) 1s checked, describe In Part II | **30a** |  | **X** |
| **31** | **X** |  |
| **32a** | **X** |  |
|  |  |  |

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

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**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization 1s reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any add1t1onal 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.

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| --- | --- | --- |
| **SCHEDULE 0**  (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service | **Supplemental Information to Form 990 or 990-EZ**  **Complete to provide mformatIon for responses to spec1fIc questions on Form 990 or 9**►**90-EZ or to provide any add1t1onal information.**  **Attach to Form 990 or 990-EZ.**  **Go to www.1rs. ov/Form990 for the latest mformat1on.** | 0MB No 1545-0047  **2018**  **Open to Public Inspection** |

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Form 990, Part III, Line 1, Description of Organization Mission: across the world facing rare and complex conditions,

Our vision is to build on our legacy of discovery and innovation to harness our powerful combination of life-changing care and

world-changing research to drive the breakthroughs that advance and improve the health and well-being of children everywhere, Our four-part mission is to provide access to safe, high quality, compassionate and innovative clinical care to children; research new cures and treatments for diseases and methods of care delivery, train the next generation of pediatric caregivers; and improve the health and well-being of children, with a special emphasis on helping the children of Boston grow and learn in safe, healthy environments.

Form 990, Part III, Line 4a, Program Service Accomplishments:

In FY2019, Boston Children's saw more than *670,000* outpatient visits, *61,000* emergency department visits, 23,000 inpatient or observation stays, and 29,000 inpatient or day surgeries. Our inpatient case mix index was 2,26 and the average length of stay was 5,8 days. Of the bedded cases, more than 16.8% (CMI > 2.00) can be qualified as clinically complex, Of these patients, approximately 35% (patients on Medicaid/Medicare) are considered low income.

BCH is the safety net institution for very sick children throughout the region, supporting the entire health care system for the most complex

pediatric cases, We receive referrals from community hospitals as well LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 832211 10-10-18

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as from other academic medical centers throughout New England, Approximately 25% of our inpatients are transferred from hospitals & medical centers across Massachusetts for care that no one else can provide,

BCH is the single largest provider of care to children enrolled in the Medicaid program, caring for approximately 30% of all pediatric Medicaid patients statewide, including many of the sickest children in the state, BCH also provides clinical care for the largest number of uninsured children in the state, While the numbers are not finalized, we're projecting a Medicaid loss over $120M for FY19, In FY18 (the most recent complete year we have), for our Massachusetts patients, 39,4% of our gross patient service revenue (GPSR) was from Medicaid, including carved out behavioral health programs and the Children's Medical Security Plan,

Increasingly, we have been able to care for and improve life and health outcomes for medically complex children, many with conditions such as congenital heart conditions, childhood cancers & complex neurological and neurosurgical conditions, Our capabilities are accelerating rapidly as we develop new clinical & surgical approaches including gene therapies, stem cell transplant procedures, fetal surgical interventions, and the like,

BCH is at the absolute forefront nationally in these & many other areas, As a result, we have seen significant growth in the number of complex patients served-patients who stay longer, require more resources (such as intensive care unit-level care), use a broader range

of interdisciplinary specialists, and frequently require substantial

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support for their whole family, Some of them travel great distances, but equally many are from here in Massachusetts.

We've attempted to manage these trends by delivering care in lower cost settings including community hospitals that we help support, and by transitioning inpatient care to multi-specialty outpatient settings where possible. We've built care teams that work effectively across disciplines. We've strived to create a more welcoming and

family-centered environment for children & families on the Longwood campus, We need to do more,

Recognizing the difficulties that community-based hospitals face in providing specialized pediatric care (which requires significant investments in staff, equipment & training), BCH has formed partnerships with community hospitals throughout eastern Massachusetts, including Beverly Hospital, Winchester Hospital, Charlton Memorial in Fall River, Milford Regional, St, Luke's in New Bedford, Tobey Hospital in Wareham & South Shore Hospital, We've also expanded partnerships with Barbara Bush Hospital at Maine Medical Center and Hasbro Children's Hospital in Providence, RI. Additionally, our physicians see patients at Massachusetts General Hospital, With approximately 100 physicians serving those community hospitals, we enhance the community's-and the state's-ability to provide access to emergency, neonatal, inpatient & outpatient specialty services for children.

BCH also operates satellite facilities in Lexington, North Dartmouth, Peabody & Waltham where we offer specialized care in cardiology,

gastroenterology, neurology, respiratory diseases, diabetes, orthopedic

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surgery, urology, behavioral health and other specialties, as well as Martha Eliot Health Center, our community health center in Jamaica Plain. In addition, our physicians offer outpatient services at our Physician Office Locations in Brockton, Milford, Norwood & Weymouth.

The Pediatric Physicians' Organization at Children's consists of more than 300 physicians and 100 nurse practitioners and physician assistants across Massachusetts who work in close collaboration with Boston Children's. Additionally, our BCH Physicians partnership is a multi-specialty, pediatric practice with strong medical and academic roots, whose more than *276* physicians serve families in 57 locations throughout New York's Metropolitan Area, the Hudson Valley, Connecticut and New Jersey.

Each year, BCH improves the quality of the clinical care it provides by recruiting talented staff, investing in cutting-edge equipment and technology, undertaking safety & quality initiatives, supporting community health programs and ensuring that our facilities make the care process easier & more comfortable for all the patients & families we serve. For example:

Focus on Quality and Safety:

At BCH, a dedication to quality & patient safety is embedded in everything we do. We continuously measure & track our performance in order to improve the care we provide. We believe measurement is essential for providing world-class care. If we don't track how we're doing, we can't identify areas of care that need improvement. And we

can't identify high-performing areas that could serve as a model

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throughout BCH & the health care industry as a whole, By closely watching our quality & safety outcomes, we push ourselves to get better every day & raise the standard of care everywhere. We are committed to transparency in our efforts to constantly improve quality & safety, and clinical departments at BCH publish information on both in their own sections of our website.

We value the insights of parents, patients & families when it comes to quality and safety, Parents know their child best, and they often have excellent ideas about how care can be improved, Adult family members, and children who are old enough, are encouraged to voice their observations, opinions or concerns to members of the care team,

Doctors, nurses, researchers & administrators throughout BCH are continually exploring new ways of improving the quality of care we provide, Whenever possible, we share our successes & breakthroughs with the wider world, so that other health care professionals can learn from our experience and join us in raising the standard of care for children everywhere.

In addition, BCH is engaged in an ongoing enterprise-wide commitment, extending to all staff as well as patients and families, to be a High Reliability Organization, one where ZERO preventable harm will occur to any patient, family member or team member.

Foster innovation:

Through the work of the Innovation and Digital Health Accelerator, BCH

reinforces a commitment to, and investment in pediatric innovation. We

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are combining our data, clinical expertise, and health care technology development experience, with leading worldwide industry partners - including start-ups - to transform health care,

Through the IDHA, we continue to make significant investments in the area of digital and technology-driven care. We know that the patient's journey is going to be not only more personalized as it comes to their care, but clearly more digital,

Some of our ongoing projects include:

Circulation, which leverages on-demand transportation services to ease the burden of non-emergency medical transportation

* Mightier, which uses the power of video games to help kids 6-14 struggling with anxiety and controlling emotions build emotional strength and resilience
* An Early Literacy Screening App that can effectively screen for early signs of literacy challenges in only 30 minutes and link to

risk-specific evidence-based responses for screening

* Mindlight Medical, a brain-based diagnostic service that leverages EEG data to provide risk assessment & monitoring services for autism in infants as early as 3-6 months,

Form 990, Part III, Line 4b, Program Service Accomplishments:

helps us to advance the understanding of disease, but also model the diseases we see in pediatrics.

In FY2019, Boston Children's received a total of $410M in research funding-federal (NIH, etc.), non-federal direct and indirect. We are the 5th largest NIH funding recipient of all hospitals in the U,S, and

received 16%+ more NIH funding secured than any other pediatric

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hospital. Our funding amount has a multiplier effect, serving as a magnet for medical education, research and corporate investments.

Boston Children's research faculty and trainees in 2019 produced over 3,000 publications.

Our investigators hold numerous prestigious honors and awards, including many "research firsts," In our laboratories and clinics, hundreds of scientists seek to identify the factors that contribute to both childhood and adult diseases and to develop effective treatments for them. Our investigators are Harvard Medical School faculty-basic scientists, clinical researchers and epidemiologists-who are accelerating the pace of medical discovery from brainstorm to bench to bedside. Our researchers were the first to develop 10 new disease-based stem cell lines by reprogramming adult stem cells that can be used to study treatments for diseases ranging from Parkinson's to Diabetes.

Clinicians and researchers at Boston Children's work with colleagues throughout the medical community to translate basic science research into applications for clinical care. These projects frequently have applications that *go* beyond pediatrics to impact adult care as well. In FY2019 alone, we disclosed 153 inventions, received 269 patents, executed 54 licensing agreements and 24 sponsored research agreements, and formed **six** startup companies to help bring our innovations to the patient bedside. Our research specialties include:

* Research-driven discovery science platforms

Established collaborations focused on childhood diseases

* World-leading, disease-specific expertise

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Therapeutic trials experience

- Comprehensive understanding of regulatory landscapes Top-level genetics and genomics research infrastructure Deeply phenotyped disease cohorts

World-class informatics

Form 990, Part III, Line 4c, Program Service Accomplishments: fact, a 24-year analysis of residents who have graduated from our

Department of Medicine found that roughly 40% go on to become leaders in academic medicine, filling positions such as deans, chairs and program heads across the country, Over a third of the chiefs of pediatric departments across the country trained at Boston Children's,

Boston Children's has trained approximately 20% of the practicing

pediatric cardiology specialists in the u.s., and 42 of those trainees have been pediatric cardiology division chiefs.

We train individuals throughout all areas of the care continuum, including medical students, interns, residents, fellows, nursing students and community pediatricians. We provide continuing professional education for all of our clinical staff.

Our Department of Continuing Medical Education enables clinicians around the world to tap into Boston Children's expertise. We were the first pediatric hospital to receive joint accreditation,

Our Simulation Program is the first hospital-based simulator program at a teaching hospital in New England, Our goal is to make "practice prior to game time" part of healthcare routine, offering a fully integrated

quality assurance and improvement resource, preparation and testing

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environment for hospitals,

Our groundbreaking programs in simulation technology, 3D printing, advanced genomic testing, and other areas allow us to bring new techniques to medicine that are unique to our institution - many of them specialized for the care of the smallest babies.

We are the only pediatric hospital to offer certification for physicians in use of robotic equipment, helping surgeons develop and perfect new robotic procedures and surgical techniques, We offer the only Pediatric Addiction Medicine program in the U.S., as well as the only Orthopedic Sports Medicine program located at a children's hospital. We also offer the largest programs in Pediatric Anesthesiology, Pediatric Cardiology, and Pediatric Critical Care, in the nation,

Boston Children's offers the only programs in New England for The only training programs in New England for Adolescent Medicine, Congenital Cardiac Surgery, and Neurodevelopmental Disabilities; and the only training programs in Massachusetts for Adolescent Medicine, Congenital Cardiac Surgery, Neurodevelopmental Disabilities, Pediatric Cardiology, Pediatric Hematology/Oncology, Pediatric Nephrology, Pediatric Orthopedics, Pediatric Pathology, and Pediatric Surgery,

Form 990, Part III Line 4d, Other Program Services: Community:

Boston Children's Hospital was among the first academic medical centers

in the country to expand the traditional missions of patient care,

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teaching, and research to embrace a fourth part of its

mission-community. Through the years, Boston Children's has strived to ensure that community health is more than just words in its mission statement. The efforts have evolved from targeted services for individual families to innovative models that have proven to reduce health disparities, improve child health outcomes, and promote health equity.

Boston Children's community mission is based on the needs of the community. It revolves around keeping children healthy through wellness and prevention efforts ensuring that children have access to needed health care services, and partnering with others to address the social determinants of health-those issues that have an impact on an individual's health such as exposure to violence, or living in poverty. In all its endeavors, Boston Children's focuses on meeting community needs and implementing programs that are aligned with the priorities of the City of Boston, the Boston Public Health Commission, the Boston Public Schools, as well as other key partners and city agencies,

Understanding community needs

Boston Children's conducts a comprehensive community health needs assessment every three years as required by the Internal Revenue Service. The full report from the 2019 assessment can be found at <http://www.childrenshospital.org/about-us/cornmunity-mission/cornmunity-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 Baston 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 Baston 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 CENA-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 conununity 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, Conununity 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

Conununity (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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**2018.05020 Children's Hospital Corpora CH**

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

**1**



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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$ o. Revenue$ o.

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

Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation.

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

Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation. The Children's Medical Center Corporation elects the governing body of Children's Hospital Corporation because the Board of Directors of Children's Hospital Corporation must consist of the persons

who serve from time to time as the directors of The Children's Medical

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

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Center Corporation,

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

Children's Medical Center Corporation is the sole Member of the Children's Hospital Corporation ("the Hospital"). As stated in the Hospital's By Laws, Children's Medical Center Corporation has the powers and rights:

* to approve proposed operating and capital budgets of the Hospital;
* to approve the sale of all or substantially all of the Hospital's assets or the Hospital;
* to approve the establishment of all long-range plans, goals and objectives of the Hospital;
* to approve any incurrence of long-term indebtedness by the Hospital;
* to approve the appointment or removal of the Chief Executive Officer of the Hospital;

to approve mergers, consolidations, and other forms of corporate affiliations with third parties.

Form *990* Part VI, Section B, line llb:

The Form 990 tax return was prepared by the organization's staff and reviewed by management (including the Chief Executive Officer, President & Chief Operating Officer, Chief Financial Officer, General Counsel and other relevant departments of the organization), along with the outside accounting firm of Ernst & Young,

The Form *990* tax return was then presented to the Children's Medical Center and affiliates' Audit & Compliance Committee. Also, a copy was made available to the Board before filing,

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**2018.05020 Children's Hospital Corpora CH 1**

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



Name of the organization

Children's Hospital Corporation

**Employer Identlf1cat1on number**

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Form 990, Part VI, Section B, Line 12c:

The Hospital's Conflict of Interest and Commitment policy applies to all directors, Trust Board members, members of the medical or research staff, faculty, fellow, resident, student, visiting faculty or scientist, consultant, volunteer sand employees of the Hospital, Directors, chiefs of service and division chiefs, senior directors and others who exercise influence over important strategic, business and purchasing decisions of the Hospital are required to complete an annual conflict of interest disclosure questionnaire about their financial interests and outside activities, If an expected questionnaire is not returned, the Compliance Officer notifies the individual's supervisor or the CEO or COO, and repeated requests for the completed questionnaire are made until the questionnaire is completed. Responses are reviewed by the Compliance Officer and any potential conflicts are discussed with the Office of General Counsel and/or the individual's supervisor, any actual or potential conflicts are managed by termination of the conflict, management of the conflict, recusal disclosure, review, or a combination thereof.

Outside interests and outside activities may be permitted as long as the Hospital, Medical Center or Trust determines that such interests and activities are consistent with the policies of the Hospital, Medical Center or Trust and the Hospital, Medical Center or Trust Board member, medical staff member or employee involved does the following:

1, discloses the fact that he/she has a financial interest or a consultative role in or with a person or company **with** which the Hospital,

Medical Center or Trust is doing or is thinking of doing business; and

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

**14360715 353314 CH 2018.05020 Children's Hospital Corpora CH l**

Schedule O Form 990 or 990-E 2018 Pa **e2**

Name of the organization

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1. 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
2. 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
3. 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

Name of the organization

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**Employer 1dentifIcation number**

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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 llg, Other Fees: |  |
| Purchased Medical Services: |  |
| Program service expenses | 111,194,937. |
| Management and general expenses | 12,014,781. |
| Fundraising expenses | 0. |
| Total expenses | 123,209,718. |

|  |  |
| --- | --- |
| Purchased Research Services: |  |
| Program service expenses | 49,027,918. |
| Management and general expenses | 6,652, |
| Fundraising expenses | 0. |
| Total expenses | 49,034,570, |

|  |  |
| --- | --- |
| Consulting Services: |  |
| Program service expenses | 20,420,420, |
| Management and general expenses | 15,945,778. |
| Fundraising expenses | 488,268, |
| Total expenses | 36,854,466. |

Misc. Purchased Services:

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|  |  |
| --- | --- |
| Program service expenses | 25,005,773, |
| Management and general expenses | 7,548,842. |
| Fundraising expenses | 159,007, |
| Total expenses | 32,713,622. |

|  |  |
| --- | --- |
| Nursing Agency Fees: |  |
| Program service expenses | 11,234,248, |
| Management and general expenses | 383,652. |
| Fundraising expenses | 0. |
| Total expenses | 11,617,900, |

|  |  |
| --- | --- |
| Laundry Services: |  |
| Program service expenses | 2,349,807, |
| Management and general expenses | 46,046. |
| Fundraising expenses | 0. |
| Total expenses | 2,395,853, |

|  |  |
| --- | --- |
| Security Services: |  |
| Program service expenses | 8,214,112. |
| Management and general expenses | 114,703, |
| Fundraising expenses | 310, |
| Total expenses | 8,329,125. |

|  |  |
| --- | --- |
| Catering Fees: |  |
| Program service expenses | 1,006,853, |
| Management and general expenses | 260,639, |
| Fundraising expenses | 26,488, |
| Total expenses | 1,293,980. |

Name of the organization

Children's Hospital Corporation

**Employer identification number**

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| --- | --- |
| Collection Agency Fees: |  |
| Program service expenses | 0. |
| Management and general expenses | 1,717,030, |
| Fundraising expenses | 0. |
| Total expenses | 1,717,030, |

|  |  |
| --- | --- |
| Temp Agency Fees: |  |
| Program service expenses | 8,384,518, |
| Management and general expenses | 2,740,557, |
| Fundraising expenses | 79,533, |
| Total expenses | 11,204,608, |

|  |  |
| --- | --- |
| Ambulance Services: |  |
| Program service expenses | 121,561, |
| Management and general expenses | 0. |
| Fundraising expenses | 0. |
| Total expenses | 121,561, |

|  |  |
| --- | --- |
| Environmental Services: |  |
| Program service expenses | 790,275, |
| Management and general expenses | 256,797, |
| Fundraising expenses | 0. |
| Total expenses | 1,047,072, |
| Total Other Fees on Form 990, Part **IX,** line llg, Col A | 279,539,505, |

Form 990, Part **XI,** line 9, Changes in Net Assets:

Net Transfers/Support from Children's Medical Center 194,968,968,

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**2018.05020 Children's Hospital Corpora CH 1**

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| --- | --- | --- |
| Name of the organization  Children's Hospital Corporation |  | **Employer identification number**  04-2774441 |
| Pension Adjustment | -98,688, 719. |  |
| Other Adjustments | 993. |  |
| Tran of Prof Svc Surplus from Net Assets to Funds Held for |  |  |
| Others | -2,155,453. |  |
| Total to Form 990, Part XI Line 9 | 94,125,789. |  |

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

**14360715 353314 CH 2018.05020 Children's Hospital Corpora CH. 1**

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| --- | --- | --- |
| SCHEDULER  (Form 990)  Department of the Treasury  **Internal Revenue Service** | * **Related Organizations and Unrelated Partnerships**   Complete rf the organization answ►ered "Yes" on Form 990,Part IV, line 33,34,35b,36,or 37.  Attach to Form 990.  Go to www.irs. ov/Form990 for instructions and the latest information. | 0MB No 1545-0047  **2018**  **Open to Public Inspection** |

Name ofthe organization

Children's Hospital Corporation

**Employer identification number**

04-2774441

Part I **Identification of Disregarded Entities.** Complete 1f the organization answered "Yes" on Form 990,Part IV, line 33

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a}**  Name,address, and EIN(1f applicable) of disregarded entrt:y | **(b)**  Pnmary act1v1ty | **(c)**  Legal dom1clle(state or foreign country) | **(d}**  Total income | **(e}**  End-of-year assets | (f)  Direct controlhng entity |
| Children's One Brookline Place, LLC - 20-5850015, 300 Longwood **Avenue,** Boston, **MA**  02115 | eal Estate Holdings | i<lassachusetts | o. | o. | Children's Hospital porporation |
| Children's Brookline Place, LLC - 26-1523020  300 Longwood Avenue | eal Estate Holdings | i<lassachusetts | o. | o. | Phildren's Hospital porporation |
| Boston, MA 02115 |
| Children's Five Brookline Place, LLC - 20-5850117, 300 Longwood Avenue, Boston, MA  02115 | eal Estate Holdings | i<lassachusetts | o. | 0. | phildren's Hospital Corporation |
| BCH Washington Street, LLC - 81-4382691  300 Longwood Avenue | eal Estate Holdings | i<lassachusetts | -5,657,956. | 40,136,225. | Phildren's Hospital orporation |
| Boston, MA 02115 |

**Part** II **Identification of Related Tax-Exempt Organizations.** Complete 1f the organization answered "Yes" on Form 990,Part IV, line 34, because It had one or more related tax-exempt organizations dunng the tax year

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)**  Name,address, and EIN of related orgarnzat1on | **(b)**  Pnmary act1vrt:y | **(c)**  Legal domicile(state or foreign country) | **(d)**  Exempt Code section | **(e)**  Public chanty status(1f section  501(c)(3)) | (f)  Direct controlling entity | Sect1on( 12(bX13)  **controlled**  entity? | |
| **Yes** | **No** |
| Children's Medical Center Corporation - | ffolds & manages security,  eal estate investments or Children's Hospital | M:assachusetts | 501(c)(3) | uine 12c III-FI | N'/A |  | X |
| 04-1174680, 55 Shattuck Street, Boston, MA  02115 |
| Longwood Research Institute, Inc. - | M:edical & scientific  research; holds real estate investments | M:assachusetts | 501(c)(3} | 1,ine 12c, III-FI | Children's  M:edical Center Corporation |  | **X** |
| 04-2781368 ' 300 Longwood Avenue, Boston, MA |
| 02115 |
| CHB Properties, Inc. - 04-3323330 | ffolds & manages satellite  ambulatory centers; real estate investments | Massachusetts | /;Ol(c}(3) | µine 10 | Children's  M:edical Center porporation |  | **X** |
| 300 Longwood Avenue |
| Boston, MA 02115 |
| Physician's Organization at Children's | Coord & develop integrated childhlth care system **w/**  affil members | M:assachusetts | 501(c}(3} | µine 12d, III-0 | N'/A |  | X |
| Hospital, Inc. - 04-3266103, 300 Longwood  Avenue Boston, MA 02115 |

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

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**I Part I i Continuation of Identification of Disregarded Entities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)**  Name, address, and EIN of disregarded entrty | **{b)**  Pnmary act1v1ty | **(c)**  Legal domicile (state or foreign country) | **(d)**  Total income | **(e)**  End-of-year assets | **(f)**  Direct controlling entrty |
| BCH Pearl Street, LLC - 81-7393086 | Real Estate Holdings | fY,!assachusetts | o. | 9,884,746. | hildren's Hospital orporation |
| 300 Longwood Avenue |
| Boston, MA 02115 |
| BCH Brookline Ave, LLC - 81-4457294 | Real Estate Holdings | fY,!assachusetts | 156,434. | 4,248,817. | hildren's Hospital Corporation |
| 300 Longwood Avenue |
| Boston, **MA** 02115 |
| Boston Children's Health International LLC  - 81-4377341, 300 Longwood **Avenue,** Boston, | !Inactive | fY,!assachusetts | o. | o. | Children's Medical Center Corp. |
| **MA** 02115 |
| Children's Westland, LLC - 26-2904847  300 Longwood Avenue | trnactive | assachusetts | o. | 0. | µOngwood Research Institute |
| Boston, **MA** 02115 |
| BCH 819 Beacon Street, LLC - 81-4382691  300 Longwood Avenue | eal Estate Holdings | Y.lassachusetts | 1,121,863. | 10,609,971. | uongwood Research  !Institute |
| Boston, **MA** 02115 |
| Children's Waltham Medical Center, LLC -  20-2076874, 300 Longwood **Avenue,** Boston, MA | Real Estate Holdings | Y.lassachusetts | o. | o. | phildren's Medical penter Corp. |
| 02115 |
| Boston Children's Health Accountable Care, | ccountable Care | Y.lassachusetts | 18,624,963. | 13,313,733. | phildren's Hospital porporation |
| LLC - 30-0991601 ' 300 Longwood Avenue, |
| Boston, **MA** 02115 |
| BCD Hospital Energy Collaborative, LLC - | S:ospital Energy | !!rassachusetts | 0. |  | Phildren's Hospital |
| 82-1711826, 300 Longwood Avenue, Boston, MA |
| 02115 | 0.Porporation | |
| Boston Children's Health Physicians, LLP -  13-3956599, 300 Longwood **Avenue,** Boston, **MA** | S:ealthcare | l)[ew York | 156,732,549. | 65,771,311. | phildren's Medical penter Corp. |
| 02115 |
|  |  |  |  |  |  |
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!**Part n! Continuation of Identification of Related Tax-Exempt Organizations**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)**  Name,address, and **EIN**  of related organ1zat1on | | | **(b)**  Pnmary act1v1ty | **{c)**  Legal dom1c1le(state or foreign country) | **{d)**  Exempt Code section | **{e)**  Public chanty status (If section  501(c)(3)) | **(f)**  Direct controlling entity | Section{ {2(bX13) **controlled orgamzat1on?** | |
| **Yes** | **No** |
| New England Congenital Cardiology Research  Foundation - 80-0368043, 300 Longwood | | | mprove patient safety &  t:Iuality for children w/ |  | 501(c}(3) | Line 7 | nhildren's  Hospital "orporation | **X** |  |
| Avenue, Boston, **MA** | | 02115 | ti.eart disease | t-:!assachusetts |
| Children's Hospital League Corporation - 04-2780811, 300 Longwood **Avenue,** Boston, **MA**  02115 | | | Fundraising | M:assachusetts | 501(c}(3} | Line 7 | nhildren's  lrospital Corporation | **X** |  |
| Blood Research Institute, Inc. - 04-3136318 300 Longwood Avenue  Boston, MA 02115 | | | Owning & Leasing Real Estate | M:assachusetts | i'501(c}(3} [I | Line 12c, I-FI | Children's  Medical Center Corporation |  | **X** |
| Beth Israel Hospital and Children's Hospital  Medical Corporation - 04-320011, 300 | | | !Pediatric Health Care,  !Education & Research | Massachusetts | p01(c)(3) | Line 12b, II | **N/A** |  | **X** |
| Longwood Avenue, Boston, MA 02115 | | |
| Dana-Farber/Children's Hospital Cancer **Care,**  Inc. - 04-3554536, 450 Brookline Avenue, | | | !Joint program in pediatric bncology | Massachusetts | lsOl{c){3) | Line 12b, II | **N/A** |  | **X** |
| BP418 | Boston, **MA** | 02215 |
| New England Life Flight, Inc. - 22-2582060 Hangar 1727 Hanscom AFB  Bedford, ***MA*** 01730 | | | Critical Care Transport | 1,!assachusetts | lsOl{c}(3) | Line 12b, II | **N/A** |  | **X** |
| Longwood Medical Energy Collaborative, Inc.  - 04-3476764, 160 Longwood **Avenue,** Boston,  MA 02115 | | | !Energy Related Initiatives | 1,!assachusetts | 1501(c)(3) | Line 12a, I | **N/A** |  | **X** |
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**Part Ill ldentif1cat1on 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 dunng the tax year

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **{a}**  Name, address, and EIN of related organization | **{b}**  Primary act1vIty | **{c}**  Legal **dom1c1le** (state or **foreign**  country) | **{d}**  Direct controlhng entity | **{e}**  Predominant mcome (related, unrelated, excluded from tax under sections 512-514) | **{f)**  Share of total income | **{gl**  Share of end-of-year assets | **{hl**  D1sproporbonate alloca!ions? | | **{1l**  CodeV-UBI amount in box  20 of Schedule  K-1 (Form 1065) | **{j)**  **General or managing** partner?  **1--** | | **{kl**  Percentage ownership |
| **Yes** | **No** |
| **rtes** | **No** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete 1f the organization answered "Yes" on Form 990, Part IV, line 34, because rt had one or more related organizations treated as a corporation or trust dunng the tax year

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(al**  Name, address, and EIN of related organization | **(bl**  Primary actIv1ty | **(cl**  Legal domicile (state or **foreign** country) | **(dl**  Direct controlling entity | **(el**  Type of entity (C corp, S corp, or trust) | **(f)**  Share of total income | **(gl**  Share of end-of-year assets | **(hl**  Percentage ownership | **{i}**  **Section**  512(b)(13)  controlled entity? | |
| **Yes** | **No** |
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**Part V Transactions With Related Organizations.** Complete 1f the organization answered "Yes" on Form 990, Part IV, hne 34, 35b, or 36

|  |  |  |  |
| --- | --- | --- | --- |
| **Note:** Complete hne 1 1f any entity 1s listed 1n Parts II, Ill, or IV 0fth1s schedule. | | **Yes** | **No** |
| **1** Dunng the tax year, did the organization engage 1n any of the following transactions with one or more related organizations listed In Parts II-JV? |  |  |  |
| **a** Receipt of **(i)** interest, **(1i)** annu1t1es, **(in)** royalties, or **(1v)** rent from a controlled entity - - - - |  |  | X |
| **1a** |  | X |
| **b** Gift, grant, or capital contribution to related orgarnzat1on(s) - - - - | **1b** |
| **1c** | **X** |  |
| **c** Gift, grant, or capital contnbutIon from related orgarnzat1on(s) - - - - |
| **1d** |  | **X** |
| **d** Loans or loan guarantees to or for related orgarnzat1on(s) |
| **e** Loans or loan guarantees by related orgarnzat1on(s) - - - - - - |  | X |  |
| **1e** |  | X |
| **f** Dividends from related orgarnzat1on(s) - - - - | **1f** |
| **1g** |  | X |
| **g** Sale of assets to related orgarnzat1on(s) \_ |
| **h** Purchase of assets from related organ1zat1on(s) | **1h** |  | X |
| **i** Exchange of assets with related orgarnzat1on(s) - - | **11** |  | X |
|  | X |  |
| **j** Lease of fac1ht1es, equipment, or other assets to related orgarnzat1on(s) | **1j** |
|  |  |
| **k** Lease of fac1ht1es, equipment, or other assets from related orgarnzat,on(s) | **1k** | X |
| I Performance of services or membership or fundra1s1ng solIc1tat1ons for related orgarnzat1on(s) -- | **11** | X |  |
| **1m** | **X** |  |
| **m** Performance of services or membership or fundra1s1ng sohc1tat1ons by related orgarnzat1on(s) |
| **n** Sharing of fac1ht1es, equipment, mailing lists, or other assets with related orgarnzat1on(s) | **1n** |  | **X** |
| **o** Sharing of paid employees with related orgarnzat1on(s) - - - - - | **1o** | **X** |  |
|  | X |  |
| **p** Reimbursement paid to related orgarnzat1on(s) for expenses - - | **1p** |
| X |  |
| **q** Reimbursement paid by related orgarnzat1on(s) for expenses \_ | **1q** |
| X |  |
| **r** Other transfer of cash or property to related orgarnzatIon(s) - - - - | **1r** |
| **1s** | X |  |
| **s** Other transfer of cash or orooertv from related oraarnzat1on(s) - - - - |

**2** If the answer to anv of the above 1s "Yes," see the 1nstruct1ons for 1nformat1on on who must complete this line, 1ncludina covered relat1onsh1os and transaction thresholds

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

Schedule R (Form 990) 2018 Children's Hospital Corporation 04-2774441 **Page4 Part VI Unrelated Organizations Taxable as a Partnership.** Complete Ifthe orgarnzatIon answered "Yes" on Form 990, Part IV, !me 37

Provide the following 1nformat1on for each entrty taxed as a partnership through which the orgarnzatIon conducted more than five percent of rts actIvItIes (measured by total assets or gross revenue) that was not a related orgarnzat1on See instructions regarding exclusion for certain investment partnerships.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)**  Name, address, and EIN of entity | **(b)**  Primary act1v1ty | **(c)**  Legal dom1cde (state or foreign country) | **(d)**  Predominant mcome (related, unrelated, excluded from tax under sectmns 512-514) | **{e)**  Are all partners sec 501(c) )  \_Q!JL\_ | | **(f)** Share of total  income | **(g)**  Share of end-of-year | ' |  | Code**1,**V**1** -UBI  mount m box 20  of Schedule K-1 | **(j)**  **General or**  **managing**  ,partner?  **!Yes NO** | | **(k)**  Percentage ownership |
| **Yes** | **No** | assets | **Yes** | **No** | (Form 1065) |
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. \_, **Supplemental Information.**

Provide add1t1onal information for responses to questions on Schedule R See 1nstruct1ons.

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