See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4401 PENN AVENUE CENTRAL PLANT NO
FLR 3

City or town, state or country, and ZIP + 4
PITTSBURGH, PA 15224

D Employer identification number
25-1865744

E Telephone number
(412) 692-3900

G Gross receipts $ 289,807,073

F Name and address of principal officer
J GREGORY BARRETT
4401 PENN AVENUE CENTRAL PLANT NO
FLR 3
PITTSBURGH, PA 15224

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHP EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 2000 | **M** State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE FINANCIAL SUPPORT TO CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	8,582,949	13,050,841
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,104,518	9,997,485
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	202,879	366,477
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,890,346	23,414,803
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,414,644	18,311,815
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,334,443	2,549,471
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,867,185		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,940,661	1,358,801
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,689,748	22,220,087
19	Revenue less expenses Subtract line 18 from line 12	-8,799,402	1,194,716

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	223,636,959	266,077,137
21	Total liabilities (Part X, line 26)	41,433,764	38,554,740
22	Net assets or fund balances Subtract line 21 from line 20	182,203,195	227,522,397

Part II Signature Block

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

Sign Here

****** | 2012-05-04
Signature of officer | Date

LAUREL RAGLAND TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶
Firm's address ▶ 2500 ONE PPG PLACE PITTSBURGH, PA 152225401				Phone no ▶ (412) 338-7200

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION IS TO PROVIDE FINANCIAL SUPPORT TO CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC SEE SCHEDULE O FOR ADDITIONAL INFORMATION

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 13,116,465 including grants of $) (Revenue $)

ANNUAL FUNDING SUPPORT FOR CHILDREN'S HOSPITAL OF PITTSBURGH

4b (Code) (Expenses $ 3,624,612 including grants of $) (Revenue $)

FUNDING SUPPORT FOR NEW CHILDREN'S HOSPITAL BUILDING

4c (Code) (Expenses $ 1,570,738 including grants of $) (Revenue $)

FREE CARE FUNDING SUPPORT

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 18,311,815

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CHILDREN'S HOSPITAL OF PITTSBURGH F
4401 PENN AVENUE CENTRAL PLANT NO
PITTSBURGH, PA 15224
(412) 692-3900

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	1,863,704	117,765

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S MIRACLE NETWORK 205 W 700 SOUTH SALT LAKE CITY, UT 84101	HOSPITAL FUNDRAISING NETWORK	138,132

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 1,035,806				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 990,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,025,035				
	g Noncash contributions included in lines 1a-1f $	1,048,467				
	h **Total.** Add lines 1a-1f	▶	13,050,841			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶				
	3 Investment income (including dividends, interest and other similar amounts)	▶	4,087,303			4,087,303
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	272,136,504				
	b Less cost or other basis and sales expenses	266,226,322				
	c Gain or (loss)	5,910,182				
	d Net gain or (loss)	▶	5,910,182			5,910,182
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 532,425				
	b Less direct expenses	b 165,948				
	c Net income or (loss) from fundraising events	▶	366,477			366,477
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶				
	12 **Total revenue.** See Instructions	▶	23,414,803	0	0	10,363,962

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	18,311,815	18,311,815		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S 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 4958(c)(3)(B)				
7 Other salaries and wages	2,046,187		548,378	1,497,809
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	374,858		100,462	274,396
10 Payroll taxes	128,426		34,418	94,008
a Fees for services (non-employees) Management				
b Legal	6,639		6,639	
c Accounting	48,400		48,400	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	163,673		128,663	35,010
g Other				
12 Advertising and promotion				
13 Office expenses	365,581		28,629	336,952
14 Information technology	54,189		41,207	12,982
15 Royalties				
16 Occupancy	171,430		68,572	102,858
17 Travel	47,044		5,604	41,440
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,279		1,569	7,710
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,983		2,983	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PURCHASED SERVICES	426,972		17,965	409,007
b CREDIT CARD DISCOUNT	23,700			23,700
c MISCELLANEOUS EXPENSE	22,536		1,801	20,735
d BANK FEES	10,578			10,578
e ADDITIONAL ANNUITY EXPE	5,797		5,797	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	22,220,087	18,311,815	1,041,087	2,867,185
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,061,011	1	3,053,384
	2	Savings and temporary cash investments		15,820,000	2	14,910,000
	3	Pledges and grants receivable, net		11,363,840	3	8,399,890
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 992,960			
	b	Less accumulated depreciation	10b 980,282	15,661	10c	12,678
	11	Investments—publicly traded securities		159,991,824	11	196,923,932
	12	Investments—other securities See Part IV, line 11		24,639,321	12	33,910,418
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		6,745,302	15	8,866,835
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		223,636,959	16	266,077,137
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		41,433,764	25	38,554,740
	26	**Total liabilities.** Add lines 17 through 25		41,433,764	26	38,554,740
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		88,661,005	27	115,773,009
	28	Temporarily restricted net assets		40,171,034	28	53,891,878
	29	Permanently restricted net assets		53,371,156	29	57,857,510
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		182,203,195	33	227,522,397
	34	Total liabilities and net assets/fund balances		223,636,959	34	266,077,137

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	23,414,803
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,220,087
3	Revenue less expenses Subtract line 2 from line 1	3	1,194,716
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	182,203,195
5	Other changes in net assets or fund balances (explain in Schedule O)	5	44,124,486
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	227,522,397

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number
25-1865744

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	24,149,506	29,022,573	17,175,772	8,582,949	13,050,841	91,981,641
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	24,149,506	29,022,573	17,175,772	8,582,949	13,050,841	91,981,641
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)						12,527,505
6 **Public Support.** Subtract line 5 from line 4						79,454,136

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	24,149,506	29,022,573	17,175,772	8,582,949	13,050,841	91,981,641
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,932,129	6,324,394	5,428,299	3,914,249	4,087,303	25,686,374
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						117,668,015

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	67 520 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	71 710 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 25-1865744
Name: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE W BRAKSICK PHD TRUSTEE	2 50	X						0	0	0
JAY W CLEVELAND JR TRUSTEE	2 00	X						0	0	0
REBECCA COST SNYDER TRUSTEE	1 00	X						0	0	0
ROGER R DAVENPORT TRUSTEE	50	X						0	0	0
ROBERT DELLINGER TRUSTEE	1 00	X						0	0	0
VINCENT C DILUZIO TRUSTEE	1 50	X						0	0	0
DOUGLAS P DICK TRUSTEE	1 50	X						0	0	0
WILLIAM S DIETRICH II NON-TRUSTEE/FINANCE COMM	50	X						0	0	0
MARY J HOWARD DIVELY ESQ VICE-CHAIR	3 50	X						0	0	0
STEVEN G DOCIMO MD TRUSTEE	50	X						0	0	0
JOSEPH M FORTUNATO TRUSTEE	50	X						0	0	0
CHRISTOPHER GESSNER CHP TRUSTEE	1 50	X						0	543,422	59,449
GEORGE K GITTES TRUSTEE	50	X						0	0	0
LAWRENCE N GUMBERG TRUSTEE	2 50	X						0	0	0
HOWARD W HANNA III CHAIR	3 50	X						0	0	0
SY HOLZER TRUSTEE	2 00	X						0	0	0
LAURA SHAPIRA KARET TRUSTEE	1 00	X						0	0	0
ARTHUR S LEVINE MD TRUSTEE	1 00	X						0	0	0
JOSEPH C MANZINGER TRUSTEE	1 00	X						0	0	0
MARTHA HARTLE-MUNSCH ESQ TRUSTEE	1 00	X						0	0	0
DENISE M PAMPENA TRUSTEE	1 50	X						0	0	0
DAVID H PERLMUTTER MD TRUSTEE	50	X						0	0	0
DOROTHY J POLLON TRUSTEE	50	X						0	0	0
JOHN G RANGOS SR TRUSTEE	50	X						0	0	0
STEVEN J SHANGOLD TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK A SNYDER TRUSTEE	2 00	X						0	0	0
JOHN A STALEY IV TRUSTEE	50	X						0	0	0
JOAN ROSSIN STEPHENS TRUSTEE	50	X						0	0	0
JOSEPH C WALTON TRUSTEE	2 00	X						0	0	0
J GREGORY BARRETT CHPF PRESIDENT	40 00			X				0	275,111	5,808
JAMES FREY SECRETARY/VP STRAT PLANNING	40 00			X				0	136,869	6,413
LAUREL RAGLAND TREASURER/CFO	40 00			X				0	147,405	16,893
ROGER A OXENDALE EX CHP & CHPF PRESIDENT	0 00						X	0	503,470	8,394
JODI K HIRSCH ESQ SECRETARY/GENL COUNSEL	0 00						X	0	145,037	6,278
BERNADETTE M SCHEID TREASURER/CFO	0 00						X	0	112,390	14,530

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number
25-1865744

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	198,740,516	211,203,364	280,531,708		
b	Contributions	11,535,487	13,443,494	9,688,740		
c	Investment earnings or losses	49,685,400	30,057,580	-52,336,280		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	13,595,525	53,860,036	22,437,542		
f	Administrative expenses	621,526	769,007	788,362		
g	End of year balance	245,744,352	200,075,395	214,658,264		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 61 270 %
- b Permanent endowment ▶ 18 980 %
- c Term endowment ▶ 19 750 %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		614,914	614,914	0
c Leasehold improvements		435	435	0
d Equipment		376,447	363,769	12,678
e Other		1,164	1,164	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,678

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY PARTNERSHIP	17,102,722	F
(B) UPMC LONG-SHORT STRATEGY	16,807,696	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	33,910,418	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITIES - OTHER LONG-TERM LIABILITIES	102,130
OPERATING FUNDING	1,272,711
FUNDING COMMITTMENT - NEW BUILDING	22,406
FUNDING COMMITTMENT - NONCURRENT	36,590,876
OPERATING EXPENSE	566,617
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	38,554,740

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,414,803
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,220,087
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,194,716
4	Net unrealized gains (losses) on investments	4	40,428,808
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,695,678
9	Total adjustments (net) Add lines 4 - 8	9	44,124,486
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	45,319,202

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	64,063,959
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	40,428,808		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	220,348		
e	Add lines **2a** through **2d**			2e	40,649,156
3	Subtract line **2e** from line **1**			3	23,414,803
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	23,414,803

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	18,744,758
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	165,948		
e	Add lines **2a** through **2d**			2e	165,948
3	Subtract line **2e** from line **1**			3	18,578,810
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	3,641,277		
c	Add lines **4a** and **4b**			4c	3,641,277
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	22,220,087

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PROVIDE SUPPORT FOR CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE"CODE") AND APPLICABLE STATE STATUTES THE FOUNDATION DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST 54,400 FUNDING EXPENSE OF NEW BUILDING 3,641,278
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS REVENUE RELEASED FROM RESTRICTIONS 165,948 CHANGE IN VALUE OF BENEFICIAL INTEREST 54,400
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE 165,948
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FUNDING EXPENSE OF NEW BUILDING 3,641,277

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number
25-1865744

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PORTFOLIO INVESTMENT		3,113,451
3a Sub-total	0	0			3,113,451
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			3,113,451

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 25-1865744
Name: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number
25-1865744

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GIGLOTTI CLASSIC II (event type)	(b) Event #2 CHP 3RD GOLF OUTING (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	118,200	114,215	300,010	532,425
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	118,200	114,215	300,010	532,425
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	3,656	3,015	1,350	8,021
	6 Rent/facility costs	15,680	32,730	12,455	60,865
	7 Food and beverages	14,147	19,533	26,256	59,936
	8 Entertainment			400	400
	9 Other direct expenses	397	7,541	28,788	36,726
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				165,948
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				366,477

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number
25-1865744

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL OF PGH OF UPMC3705 FIFTH AVENUE PITTSBURGH,PA 15213	25-0402510	501(C)(3)	18,184,185	127,630	BOOK	TOYS,BOOKS, COMFORT ITEMS,OTHER	ANNUAL FUNDRAISING SUPPORT, FREE CARE, NEW BUILDING

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number
25-1865744

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER GESSNER	(i)	0	0	0	0	0	0	0
	(ii)	291,481	233,000	18,941	46,044	13,405	602,871	0
(2) J GREGORY BARRETT	(i)	0	0	0	0	0	0	0
	(ii)	227,354	25,000	22,757	0	5,808	280,919	0
(3) JAMES FREY	(i)	0	0	0	0	0	0	0
	(ii)	121,628	0	15,241	0	6,413	143,282	0
(4) LAUREL RAGLAND	(i)	0	0	0	0	0	0	0
	(ii)	112,895	34,000	510	8,999	7,894	164,298	0
(5) ROGER A OXENDALE	(i)	0	0	0	0	0	0	0
	(ii)	14,388	0	489,082	763	7,631	511,864	0
(6) JODI K HIRSCH ESQ	(i)	0	0	0	0	0	0	0
	(ii)	53,346	0	91,691	1,083	5,195	151,315	0
(7) BERNADETTE M SCHEID	(i)	0	0	0	0	0	0	0
	(ii)	112,064	0	326	6,900	7,630	126,920	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE ORGANIZATION PAYS CLUB DUES ON BEHALF OF CERTAIN OFFICERS THE CLUB MEMBERSHIPS ARE USED FOR FUNDRAISING PURPOSES AND MEETINGS WITH DONORS
SUPPLEMENTAL INFORMATION	PART III	FORM 990, PART VII, SECTION A AND SCHEDULE J-2, PART I THE OFFICERS AND KEY EMPLOYEES OF THE FOUNDATION ARE EMPLOYED ON A FULL TIME, 40 HOUR PER WEEK BASIS DUE TO THE NATURE OF THE POSITIONS THAT THEY HOLD, THEIR AVERAGE HOURS PER WEEK SUBSTANTIALLY EXCEED THAT OF A TYPICAL 40 HOUR WORK WEEK

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number
25-1865744

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PNC BANK	BOARD MEMBER HOLZER IS PRESIDENT OF INTERESTED PERSON ENTITY	145,740	INVESTMENT MGMT FEE - EACH OF THE TRANSACTIONS DESCRIBED IN SCHEDULE L, PART IV WERE NEGOTIATED AT ARMS LENGTH AND ARE BASED ON FAIR VALUE IN ACCORDANCE WITH APPLICABLE POLICIES AND PROCEDURES, INTERESTED PERSONS ABSTAINED FROM DECISION MAKING PROCESS WITH RESPECT TO EACH TRANSACTION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number
25-1865744

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	21	920,837	PUBLICLY TRADED PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AMENITIES)	X	7	95,630	ESTIMATED NOMINAL COST
26 Other ▶ (TRANSPORT)	X	1	32,000	ESTIMATED MARKET VALUE
27 Other ▶( )				
28 Other ▶ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493131014032

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION	25-1865744

Identifier	Return Reference	Explanation
MISSION	FORM 990, PART III, LINE 1	THE MISSION OF CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION IS TO PROVIDE FINANCIAL SUPPOR T TO CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC, THIS REGION'S ONLY PEDIATRIC HOSPITAL, TEA CHING, AND RESEARCH FACILITY AS THE SOLE FUNDRAISING ARM OF CHILDREN'S HOSPITAL, THE FOUN DATION EXISTS TO PROVIDE FINANCIAL SUPPORT FOR THE HOSPITAL'S MISSION OF IMPROVING THE HEA LTH AND WELL-BEING OF CHILDREN THROUGH EXCELLENCE IN PATIENT CARE, TEACHING, AND RESEARCH THE FOUNDATION RAISES CHARITABLE DONATIONS THROUGH TARGETED INDIVIDUAL CAMPAIGNS, SPECIAL EVENTS, AND FOUNDATION AND CORPORATE GRANTS FOUNDATION STAFF MEMBERS PROCESS AND ACKNOWL EDGE ALL CONTRIBUTIONS, MAINTAIN ONGOING RELATIONSHIPS WITH DONORS, AND ENSURE THAT ALL GI FTS TO CHILDREN'S ARE USED ACCORDING TO DONORS' WISHES BACKGROUND AND IMPACT STATEMENT FO R MORE THAN 120 YEARS, CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC HAS BEEN A FIXTURE IN PIT TSBURGH AND THE SURROUNDING TRI-STATE REGION WHAT BEGAN IN 1890 AS A SINGLE COT ENDOWED B Y THE ENTREPRENEURIAL SON OF A LOCAL PEDIATRICIAN, HAS GROWN INTO A WORLD-RENOWNED CHILDRE N'S HOSPITAL DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL CHILDREN TODAY, CHIL DREN'S HOSPITAL CARES FOR INFANTS, CHILDREN, AND ADOLESCENTS WHO MAKE MORE THAN 1 MILLION VISITS TO OUR HOSPITAL, ITS MANY NEIGHBORHOOD LOCATIONS, AND CHILDREN'S COMMUNITY PEDIATRI CS PRACTICES EACH YEAR WITH 296 LICENSED BEDS, CHILDREN'S OFFERS COMPREHENSIVE INPATIENT AND OUTPATIENT HEALTH CARE SERVICES AT ITS MAIN CAMPUS IN THE LAWRENCEVILLE NEIGHBORHOOD O F PITTSBURGH BUILT ON 10 ACRES WITH 1 5 MILLION SQUARE FEET OF USABLE SPACE, CHILDREN'S W AS DESIGNED WITH INPUT FROM PHY SICIANS, NURSES, AND FAMILIES TO ENSURE IT MEETS THE UNIQUE REQUIREMENTS OF PEDIATRIC HEALTH CARE PROVIDERS AND THE PATIENTS THEY SERVE THE HOSPITAL ALSO PROVIDES OUTPATIENT SPECIALTY CARE AND SAME-DAY SURGICAL SERVICES IN KEY REGIONAL LO CATIONS CHILDREN'S IS CONSISTENTLY RANKED AMONG THE BEST CHILDREN'S HOSPITALS AND IS ONE OF 11 PEDIATRIC HOSPITALS IN THE UNITED STATES NAMED TO U S NEWS & WORLD REPORT'S HONOR R OLL OF AMERICA'S "BEST CHILDREN'S HOSPITALS" FOR 2011/2012 CHILDREN'S ALSO LEADS THE WAY IN ADVANCED TECHNOLOGY, WITH SEVERAL ACCOMPLISHMENTS BASED ON OUR ADOPTION OF A FULLY INTE GRATED ELECTRONIC MEDICAL RECORD IN 2009, CHILDREN'S WAS RECOGNIZED AS THE FIRST PEDIATRI C HOSPITAL IN THIS COUNTRY TO ACHIEVE STAGE 7 RECOGNITION FROM HIMSS (HEALTHCARE INFORMATI ON AND MANAGEMENT SY STEMS SOCIETY) ANALYTICS FOR ACHIEVING A VIRTUALLY PAPERLESS PATIENT R ECORD ENV IRONMENT AND THE MOST COMPREHENSIVE USE OF ELECTRONIC MEDICAL RECORDS IN ADDITIO N TO ACHIEVING A POSITIVE OPERATING MARGIN EACH YEAR SINCE FY1999, CHILDREN'S CONTINUES TO PROVIDE CARE FOR THE REGION'S CHILDREN REGARDLESS OF THE FAMILY'S ABILITY TO PAY IN FY20 11, CHILDREN'S PROVIDED MORE THAN $36 MILLION IN FREE AND UNCOMPENSATED CARE TO NEARLY 34, 000 CHILDREN IN NEED CHILDREN'S HAS THE REGION'S ONLY STATE-ACCREDITED LEVEL I PEDIATRIC TRAUMA CENTER AND HAS ONE OF THE BUSIEST EMERGENCY DEPARTMENTS, TREATING MORE THAN 74,000 CHILDREN IN THE LAST FISCAL YEAR SUBSPECIALISTS IN ALL PEDIATRIC MEDICAL AND SURGICAL DIS CIPLINES TO PROVIDE THE HIGHEST LEVEL OF CARE WITH A MEDICAL STAFF OF APPROXIMATELY 700, CHILDREN'S PROVIDES CARE ALONG THE FULL SPECTRUM OF PEDIATRIC SUBSPECIALTIES FROM ALLERGIE S TO WEIGHT MANAGEMENT AND WELLNESS CHILDREN'S TODAY IS A LEADER ON A NATIONAL SCALE IN A MULTITUDE OF PEDIATRIC SUB-SPECIALTIES, INCLUDING CARDIOLOGY, CARDIOTHORACIC SURGERY, DIA BETES AND ENDOCRINOLOGY, HEMATOLOGY/ONCOLOGY, HEPATOLOGY, NEUROLOGY, NEUROSURGERY, ORGAN A ND TISSUE TRANSPLANTATION, OTOLARYNGOLOGY (ENT), PULMONOLOGY, AND SURGERY OUR NETWORK OF NEIGHBORHOOD LOCATIONS, AMBULATORY CARE CENTERS, PRIMARY AND SPECIALTY CARE PRACTICES, AND EXPRESS CARE CENTERS COVERS A MULTI-COUNTY REGION CHILDREN'S HAS ONE OF THE FASTEST GROW ING, NATIONAL INSTITUTES OF HEALTH-FUNDED (NIH) PEDIATRIC RESEARCH PROGRAMS IN THE COUNTRY PEDIATRIC RESEARCH PROGRAMS AT CHILDREN'S AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MED ICINE RANKED EIGHTH IN NUMBER OF GRANTS FROM THE NIH FOR FISCAL YEAR 2010 ACTIVE RESEARCH PROGRAMS RANGE FROM STEM CELL BIOLOGY AND REGENERATIVE MEDICINE TO NOVEL STRATEGIES FOR T REATING PEDIATRIC CANCER THE HOSPITAL HAS BEEN A CHARITABLE INSTITUTION SINCE ITS INCEPTI ON AND REMAINS A NON-PROFIT ENTITY TO ENSURE THE CONTINUATION OF ITS CHARITABLE MISSION, IN JULY 2000, CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION WAS ESTABLISHED AS A SUBSIDIARY OF CHILDREN'S IT THEN BECAME AN INDEPENDENT ORGANIZATION WHEN THE HOSPITAL MERGED WITH U PMC IN OCTOBER 2001 AND SERVES AS THE OVERSIGHT BODY FOR CERTAIN MISSION COVENANTS RELATED TO THE MERGER AGREEMENT, INCLUDING MAINTAINING OPEN ACCESS TO CHILDREN'S FOR ALL FAMILIES REGARDLESS OF ABILITY TO PAY OR TYPE OF INSURANCE COVERAGE IN FY2011, THE FOUNDATION CON TRIBUTED MORE THAN $18 MILLION TO THE HOSPITAL IN SUPPORT OF THE NEW HOSPITAL CONSTRUCTION , RESEARCH, CLINICAL PROGRAMS, MEDICAL EDUCATION,

Identifier	Return Reference	Explanation
MISSION	FORM 990, PART III, LINE 1	AND FUNDS FOR FREE CARE RECENT ACCOMPLISHMENTS - 2011 PATIENT CARE CHILDREN'S IS ONE OF 1 1 PEDIATRIC HOSPITALS IN THE UNITED STATES NAMED TO U S NEWS & WORLD REPORT'S HONOR ROLL OF AMERICA'S "BEST CHILDREN'S HOSPITALS" FOR 2011/2012 CHILDREN'S LEADS THE WAY IN ADVANC ED TECHNOLOGY AS THE FIRST PEDIATRIC HOSPITAL IN THIS COUNTRY TO ACHIEVE STAGE 7 RECOGNITI ON FROM HIMSS ANALYTICS FOR ITS ELECTRONIC MEDICAL RECORD THE ANTONIO J AND JANET PALUMB O CYSTIC FIBROSIS CENTER (CF CENTER) AT CHILDREN'S WAS THE 2011 RECIPIENT OF THE ANNUAL CY STIC FIBROSIS FOUNDATION'S QUALITY CARE AWARD RECOGNIZING OUTSTANDING Q1 PROCESSES AND AC COMPLISHMENTS CHILDREN'S WAS ONE OF 11 CYSTIC FIBROSIS CARE CENTERS TO BE HONORED TEACHI NG IN COLLABORATION WITH THE UNIVERSITY OF PITTSBURGH'S PETER M WINTER INSTITUTE FOR SIMU LATION, EDUCATION AND RESEARCH (WISER), CHILDREN'S STATE-OF-THE-ART PEDIATRIC SIMULATION C ENTER INCORPORATES LIFE-LIKE SIMULATORS AND MULTI-TASK TRAINERS THAT ALLOW HEALTH CARE PRO FESSIONALS TO RECOGNIZE AND MANAGE A WIDE ASSORTMENT OF PEDIATRIC-RELATED MEDICAL SITUATIO NS IT ALSO IS USED TO IMPART VITAL SKILLS SUCH AS INTUBATION, LUMBAR PUNCTURE, IV INSERTI ON, IV BLOOD DRAW, ARTERIAL BLOOD DRAW, AND BLADDER CATHETERIZATION CHILDREN'S PEDIATRIC RESIDENCY PROGRAM IS AMONG THE MOST RESPECTED IN THE COUNTRY, WITH 79 CATEGORICAL RESIDENT S, 16 INTERNAL/MEDICINE RESIDENTS AND 10 TRIPLE BOARD RESIDENTS THE PEDIATRIC ADVOCACY-LE ADERSHIP-SERVICE (PALS) RESIDENCY PROGRAM IS A NEW PRIMARY CARE PATHWAY WITHIN THE PEDIATR IC RESIDENCY PROGRAM AT CHILDREN'S IT FOCUSES ON TRAINING RESIDENTS TO BE OUTSTANDING PRI MARY CARE PEDIATRICIANS WITH THE KNOWLEDGE AND SKILLS REQUIRED FOR THE PROVISION OF EFFECT IVE HEALTH CARE, LEADERSHIP, AND ADVOCACY ON BEHALF OF CHILDREN AND FAMILIES IN MEDICALLY UNDERSERVED COMMUNITIES THE NIH HAS SELECTED CHILDREN'S AS A CENTER OF EXCELLENCE FOR TRA INING THE NATION'S FUTURE LEADERS IN PEDIATRIC RESEARCH THERE ARE ONLY 27 SUCH NIH-FUNDED INSTITUTES AND RESEARCH CENTERS NATIONWIDE RESEARCH CHILDREN'S HAS ONE OF THE FASTEST GR OWING, NIH-FUNDED PEDIATRIC RESEARCH PROGRAMS IN THE COUNTRY PEDIATRIC RESEARCH PROGRAMS AT CHILDREN'S AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE RANKED EIGHTH IN NUMBER OF GRANTS FROM THE NIH FOR FISCAL YEAR 2010 THE JOHN G RANGOS SR RESEARCH CENTER, OPENE D IN 2008, HOUSES A 10-STORY, 300,000-SQUARE-FOOT RESEARCH FACILITY A STUDY IS BEING COND UCTED AT CHILDREN'S THROUGH ASTHMANET, A MULTICENTER NETWORK OF RESEARCHERS FUNDED BY THE NIH'S NATIONAL HEART, LUNG, AND BLOOD INSTITUTE TO STUDY PEDIATRIC AND ADULT ASTHMA TREATM ENTS CHILDREN'S RESEARCHERS ARE EVALUATING THE EFFECTIVENESS OF THE ANTIBIOTIC AZITHROMYC IN AT THE EARLY SIGNS OF A COLD IN PREVENTING THE DEVELOPMENT OF SIGNIFICANT BREATHING SYM PTOMS SUCH AS FREQUENT COUGHING, TROUBLE BREATHING, OR WHEEZING THE STUDY HOPES TO SHOW T HAT AZITHROMYCIN WILL HELP TO PREVENT AN UPPER RESPIRATORY ILLNESS (OR COLD), FROM DEVELOP ING INTO A MORE SEVERE WHEEZING ILLNESS RESEARCHERS AT CHILDREN'S AND THE UNIVERSITY OF P ITTSBURGH SCHOOL OF MEDICINE HAVE IDENTIFIED A POWERFUL MOLECULAR PATHWAY THAT REGULATES T HE LIVER'S MANAGEMENT OF INSULIN AND NEW GLUCOSE PRODUCTION, WHICH COULD LEAD TO NEW THERA PIES FOR DIABETES THE FINDINGS WERE PUBLISHED ONLINE IN DIABETES, A JOURNAL OF THE AMERIC AN DIABETES ASSOCIATION ADVANCING THE HOSPITAL CONCEPT FAMILY-CENTERED BEDSIDE ROUNDS ARE AN INTEGRAL PART OF WELCOMING PARENTS AS PARTNERS IN THEIR CHILDREN'S MEDICAL TREATMENT THE DAILY DISCUSSION AMONG ATTENDING PHY SICIANS AND RESIDENTS ABOUT A PATIENT'S CONDITION AND COURSE OF TREATMENT NO LONGER TAKES PLACE IN A CONFERENCE ROOM - IT TAKES PLACE IN THE CHILD,S ROOM, WITH PARENTS PARTICIPATING THIS INITIATIVE HAS ALREADY DEMONSTRATED IMPROV ED TEACHING, EFFICIENCY, AND PATIENT SATISFACTION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THE FOLLOWING CHILDRENS HOSPITAL FOUNDATION OFFICERS, DIRECTORS, TRUSTEES, AND OR/KEY EMPLOYEES HAVE BUSINESS RELATIONSHIPS, AS REQUIRED TO BE DISCLOSED BY FORM 990, PART VI, SECTION A, LINE 2, BY VIRTUE OF THE FACT THAT THEY ARE ALSO OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES OF OTHER UNRELATED TAXABLE ORGANIZATIONS REBECCA COST SNYDER AND DENISE PAMPENA ARE BUSINESS PARTNERS THE FOLLOWING CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION OFFICERS, DIRECTORS, TRUSTEES, AND/OR KEY EMPLOYEES HAVE BUSINESS RELATIONSHIPS, AS REQUIRED TO BE DISCLOSED BY FORM 990 PART VI, SECTION A, LINE 2, BY VIRTUE OF THE FACT THAT THEY ARE ALSO OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES OF OTHER EXEMPT ORGANIZATIONS BRACKSICK, DAVENPORT, DELUZIO, DICK, DIVELY, GUMBERG, HANNA, LEVINE, MUNSCH, OXENDALE, RANGOS, RYAN AND WALTON

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE TREASURER/CFO PRESENTS THE COMPLETED FORM 990 TO THE FINANCE AND INVESTMENT COMMITTEE OF THE BOARD FOR THEIR REVIEW AND DISCUSSION ONCE APPROVED BY THIS COMMITTEE, THE 990 IS MADE AVAILABLE TO THE OTHER BOARD MEMBERS VIA THE FOUNDATION'S WEBSITE PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR RESPONSES ARE REVIEWED BY LEGAL COUNSEL WHO WILL FOLLOW UP WITH BOARD MEMBERS AS NECESSARY TO RESOLVE POTENTIAL CONFLICTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR OFFICERS AND KEY EMPLOYEES BY INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS THE COMMITTEE EVALUATES INDIVIDUAL PERFORMANCE AND COMPARABLE INDUSTRY BENCHMARKS TO DETERMINE COMPENSATION FOR THE POSITION ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE ON ITS WEBSITE, UPON WRITTEN REQUEST AND IN PERSON

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 40,428,808 CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST 54,400 FUNDING EXPENSE OF NEW BUILDING 3,641,278 TOTAL TO FORM 990, PART XI, LINE 5 44,124,486

Identifier	Return Reference	Explanation
		CHILDREN'S HAS BEEN RECOGNIZED BY KLAS, AN INDEPENDENT HEALTH CARE RESEARCH ORGANIZATION, AS THE LEADER IN ITS USE OF HEALTH CARE INFORMATION TECHNOLOGY AMONG PEDIATRIC HOSPITALS I N THE UNITED STATES CHILDREN'S IS THE FIRST PEDIATRIC FACILITY IN THE NATION TO ACHIEVE A STAGE 7 AWARD FROM HIMSS ANALYTICS FOR ACHIEVING A VIRTUALLY PAPERLESS PATIENT RECORD ENVI RONMENT AND THE MOST COMPREHENSIVE USE OF ELECTRONIC MEDICAL RECORDS ALL INPATIENT AND OU TPATIENT STAFF UTILIZE CHILDREN'S ERECORD FOR ORDER ENTRY, CLINICAL DECISION SUPPORT, MEDI CATION BAR-CODING, CLINICIAN DOCUMENTATION AND RADIOLOGICAL IMAGES STAGE 7 IS MEASURED BY CONFORMANCE OF THE ELECTRONIC HEALTH RECORD TO THE CONTINUITY OF CARE DOCUMENT, THE NEWLY ADOPTED INTERNATIONAL STANDARD FOR EXCHANGE OF CLINICAL INFORMATION A REGIONAL RESOURCE DURING FY2011, CHILDREN'S PROVIDED MORE THAN $36 MILLION IN FREE AND UNCOMPENSATED CARE TO FAMILIES UNABLE TO COVER THE COSTS OF THEIR CHILDREN'S CARE DUE TO LACK OF INSURANCE OR I NADEQUATE COVERAGE CHILDREN'S OPENED ITS FOURTH EXPRESS CARE LOCATION ON THE HOSPITAL'S M AIN CAMPUS IN LAWRENCEVILLE CHILDREN'S EXPRESS CARE LOCATIONS OFFER FAMILIES ACCESS TO CO NVENIENT AND IMMEDIATE CARE FOR INFANTS, CHILDREN, AND TEENS AFTER HOURS AND ON WEEKENDS F OR TREATMENT OF MINOR INJURIES AND ILLNESSES CHILDREN'S ALREADY OPERATES EXPRESS CARE CEN TERS IN BETHEL PARK, MONROEVILLE, AND WEXFORD CHILDREN'S RECENTLY RECRUITED A NEW PHYSICI AN TO LEAD ITS PEDIATRIC SPORTS MEDICINE PROGRAM RAJAT JAIN, MD, SPECIALIZES IN TREATING NON-SURGICAL FRACTURES, STRAINS AND JOINT AND MUSCLE PAIN IN CHILDREN AND TEENS JAN GRUDZ IAK, MD, PHD, OF THE DIVISION OF PEDIATRIC ORTHOPAEDIC SURGERY, IS THE PROGRAM'S MEDICAL D IRECTOR CHILDREN'S SPORTS MEDICINE SERVICES ARE OFFERED AT CHILDREN'S NORTH AND EAST AND AT SELECT CHILDREN'S COMMUNITY PEDIATRICS PRACTICES THROUGHOUT THE REGION GEOGRAPHICAL AR EAS SERVED IN ADDITION TO SERVING MORE THAN 23 COUNTIES IN WESTERN PENNSYLVANIA AND SEVERA L COUNTIES THROUGHOUT OHIO AND WEST VIRGINIA, PATIENTS TRAVEL FROM THROUGHOUT THE UNITED S TATES AND ALL OVER THE WORLD TO SEEK TREATMENT AND CARE AT OUR RENOWNED FACILITIES REGION AL LOCATIONS AMBULATORY CARE CENTERS FOR ROUTINE PROCEDURES AND DIAGNOSTICS, CHILDREN'S HO SPITAL OPERATES THREE AMBULATORY CARE CENTERS CONVENIENTLY LOCATED CLOSE TO HOME CHILDREN 'S EAST - MONROEVILLE CHILDREN'S NORTH - WEXFORD (AMBULATORY SURGERY ALSO IS AVAILABLE AT CHILDREN'S NORTH) CHILDREN'S SOUTH - BETHEL PARK EXPRESS CARE CENTERS CHILDREN'S EXPRESS C ARE CENTERS OFFER CONVENIENT, IMMEDIATE ACCESS TO PEDIATRIC EXPERTISE AFTER HOURS AND ON W EEKENDS FOR MINOR INJURIES AND ILLNESSES CHILDREN'S EXPRESS CARE - BETHEL PARK CHILDREN'S EXPRESS CARE - LAWRENCEVILLE CHILDREN'S EXPRESS CARE - MONROEVILLE CHILDREN'S EXPRESS CAR E - WEXFORD PRIMARY CARE CENTERS GENERAL ACADEMIC PEDIATRICS PROVIDES COMPREHENSIVE HEALTH SERVICES, INCLUDING SICK VISITS AND WELL-CHILD VISITS, TO INFANTS, CHILDREN, AND ADOLESCE NTS THROUGHOUT THE PITTSBURGH REGION AT THREE PRIMARY LOCATIONS CHILDREN'S OAKLAND MEDICA L BUILDING PRIMARY CARE CENTER IN TURTLE CREEK PRIMARY CARE CENTER AT UPMC MERCY HEALTH CE NTER SPECIALTY CARE CENTERS SPECIALTY CARE CENTERS PROVIDE THE EXPERTISE OF CHILDREN'S HOS PITAL'S RENOWNED EXPERTS IN CONVENIENT NEIGHBORHOOD LOCATIONS HERMITAGE, PA PEDIATRIC CAR DIOLOGY PEDIATRIC GENERAL AND THORACIC SURGERY PEDIATRIC ENDOCRINOLOGY CHILD NEUROLOGY PED IATRIC GASTROENTEROLOGY PEDIATRIC OTOLARYNGOLOGY DOWN SYNDROME CENTER PEDIATRIC HEMATOLOGY /ONCOLOGY PEDIATRIC PULMONARY MEDICINE JOHNSTOWN, PA PEDIATRIC CARDIOLOGY CHILD NEUROLOGY PEDIATRIC GENERAL AND THORACIC SURGERY PEDIATRIC ENDOCRINOLOGY PEDIATRIC GASTROENTEROLOGY PEDIATRIC OTOLARYNGOLOGY PEDIATRIC NEPHROLOGY PEDIATRIC PULMONARY MEDICINE WHEELING, WV PE DIATRIC CARDIOLOGY PEDIATRIC GASTROENTEROLOGY PEDIATRIC GENERAL AND THORACIC SURGERY PEDIA TRIC HEMATOLOGY/ONCOLOGY CHILD NEUROLOGY PEDIATRIC OTOLARYNGOLOGY PEDIATRIC UROLOGY PEDIAT RIC ORTHOPAEDIC SURGERY OTHER PINE CENTER LOCATED IN WEXFORD, PA PROVIDES OUTPATIENT REHAB ILITATION SERVICES FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH-LANGUAGE PATHOLO GY ADDITIONAL ORTHOPAEDIC CARE FOR CHILDREN IS ALSO AVAILABLE AT SHRINERS HOSPITALS FOR C HILDREN - ERIE PEDIATRIC ORTHOPAEDIC SURGEONS FROM CHILDREN'S HOSPITAL TREAT PATIENTS AND PERFORM SURGERY, COMPLEMENTING THE HOSPITAL'S EXISTING ORTHOPAEDIC STAFF PINE CENTER-WEX FORD, PA CHILD AND FAMILY COUNSELING CENTER CHILD DEVELOPMENT UNIT DERMATOLOGY PHYSICAL TH ERAPY OCCUPATIONAL THERAPY SPEECH-LANGUAGE PATHOLOGY SHRINERS HOSPITALS FOR CHILDREN - ERI E PEDIATRIC ORTHOPAEDICS CHILDREN'S COMMUNITY PEDIATRICS EXPERT PEDIATRIC CARE CLOSE TO HO ME CHILDREN'S COMMUNITY PEDIATRICS (CCP) IS THE LARGEST PEDIATRIC AND ADOLESCENT PRIMARY C ARE MEDICAL NETWORK IN WESTERN PENNSYLVANIA, WITH 31 PRACTICE LOCATIONS IN EIGHT COUNTIES CCP HAS MORE THAN 150,000 ACTIVE PATIENTS AND AVERAGES 500,000 VISITS ANNUALLY CCP PROVI DES EASY ACCESS TO PRIMARY CARE AT CONVENIENT NEI

Identifier	Return Reference	Explanation
		GHBORHOOD LOCATIONS MORE THAN 100 BOARD-CERTIFIED PHYSICIANS, PLUS DEDICATED PHYSICIANS' A SSISTANTS AND NURSE PRACTITIONERS A WELL-CHILD CARE PHILOSOPHY FOR PREVENTION OF DISEASE A ND INJURY EXPERT TREATMENT FOR BOTH ACUTE AND CHRONIC PEDIATRIC CONDITIONS SPECIALTY SERVI CES INCLUDING BEHAVIORAL HEALTH, WEIGHT MANAGEMENT, AND SPORTS MEDICINE ACCESS TO WORLD-CL ASS SPECIALISTS THROUGH ITS AFFILIATION WITH CHILDREN'S HOSPITAL CHILDREN'S BY THE NUMBERS (FY 2011) 13,687 INPATIENT STAYS 4,575 OBSERVATION STAYS 74,376 EMERGENCY DEPARTMENT VISI TS 25,047 SURGERIES MORE THAN 1 MILLION OUTPATIENT VISITS ACROSS ALL LOCATIONS

Identifier	Return Reference	Explanation
	FORM 990, PART V LINE 2A AND PART IX, LINE 7	COMPENSATION AND BENEFITS FOR THE EMPLOYEES OF CHILDREN'S HOSPITAL FOUNDATION ARE REPORTED BY CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC WHICH SERVES AS THE COMMON PAYMASTER FOR BOTH ORGANIZATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131014032

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number
25-1865744

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC 4401 PENN AVENUE PITTSBURGH, PA 15224 25-0402510	PATIENT CARE,TEACHING, RESEARCH	PA	501(C)(3)	170(B)(1)(A)(III)			No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	B	18,311,815	BOOK
(2)	CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC	C	171,430	BOOK
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and Exchange Rate QBU Statement

Name: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION

EIN: 25-1865744

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000