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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B <small>Check one</small> <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Trust <input type="checkbox"/> Tax-exempt organization <input checked="" type="checkbox"/> Other	C Name of organization PHOENIX CHILDREN'S HOSPITAL FOUNDATION		D Employer identification number 74-2421549
	Doing Business As		E Telephone number (602) 512-8132
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1919 E THOMAS ROAD		
	City or town state or country and ZIP + 4 PHOENIX, AZ 85016		G Gross receipts \$ 27,472,918
F Name and address of principal officer STEVEN S SCHNALL SAME AS C ABOVE			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach a list (see instructions)	
J Website ▶ WWW.PHOENIXCHILDRENS.COM		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1986	M State of legal domicile AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SUPPORT PHOENIX CHILDREN'S HOSPITAL, A RELATED TAX-EXEMPT ORGANIZATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	2,400
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 17,654,731	Current Year 18,478,193
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	417,957	663,310
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-103,447	-29,760
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,969,241	19,111,743
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,244,830	11,146,740
	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)	2,627,606	2,689,864
	16a Professional fundraising fees (Part IX, column (A), line 11e)	247,689	132,663
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,150,962		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,500,868	1,574,725
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	17,620,993	15,543,992
19 Revenue less expenses - Subtract line 18 from line 12	348,248	3,567,751	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 73,547,163	End of Year 74,455,698
	21 Total liabilities (Part X, line 26)	5,922,200	4,731,019
	22 Net assets or fund balances - Subtract line 21 from line 20	67,624,963	69,724,679

Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name BRENDA GRIESEMER	Preparer's signature <i>Brenda Griesemer</i>	Date 11/01/2012	Check <input type="checkbox"/> if self-employed	PTIN P00264669
	Firm's name ▶ ERNST & YOUNG U S LLP	Firm's EIN ▶ 34-6565596			
	Firm's address ▶ 701 NORTH CENTRAL - ENCL STE 2000 PHOENIX AZ 85004	Phone no 602/322-3000			

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

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2011)

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

PHOENIX CHILDREN'S HOSPITAL FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1919 E THOMAS ROAD

City or town, state or country, and ZIP + 4

PHOENIX, AZ 85016

F Name and address of principal officer

STEVEN S SCHNALL

1919 E THOMAS ROAD

PHOENIX, AZ 85016

D Employer identification number

74-2421549

E Telephone number

(602) 512-8132

G Gross receipts \$ 27,472,918

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.PHOENIXCHILDRENS.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1986

M State of legal domicile

AZ

Part I

Summary

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	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
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			348,248	3,567,751
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	73,547,163	74,455,698
	21	Total liabilities (Part X, line 26)	5,922,200	4,731,019
	22	Net assets or fund balances Subtract line 21 from line 20	67,624,963	69,724,679

Part II

Signature Block

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

Sign Here

Signature of officer

2012-10-31

Date

DENNIS BRUNS VP FINANCE

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

ERNST & YOUNG US LLP

TWO NORTH CENTRAL AVENUE STE 2300

PHOENIX, AZ 85004

EIN

Phone no (602) 322-3000

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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

SEE SCHEDULE O

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

If "Yes," describe these changes on Schedule O



















4a	(Code) (Expenses \$	11,146,740	including grants of \$	11,146,740) (Revenue \$	0)
	SEE SCHEDULE O					

[illegible][illegible]

4e	Total program service expenses	\$ 11,146,740
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 <input type="checkbox"/>				
			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		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b		
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? .		3a		
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 or securities 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		Yes
b. If "Yes," did the organization notify the donor of the value of the goods or services provided? .		7b		Yes
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .		7c		No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d		
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		7f		No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .		7g		
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		7h		
8. Sponsoring organizations maintaining donor advised funds 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		No
9. Sponsoring organizations maintaining donor advised funds.				
a. Did the organization make any taxable distributions under section 4966? .		9a		No
b. Did the organization make a distribution to a donor, donor advisor, or related person? .		9b		No
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a		
b. Enter the aggregate 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 aggregate 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AZ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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.	DENNIS BRUNS 1919 E THOMAS ROAD PHOENIX, AZ 85016 (602) 512-8132

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT L MEYER DIRECTOR/PRES & CEO OF PCH	1 0	X		X				0	1,236,416	195,862
(2) DAVID G AREGHINI DIRECTOR	1 0	X						0	0	0
(3) LARRY CLEMMENSEN DIRECTOR/CHAIRMAN	1 0	X		X				0	0	0
(4) GREG KRUZEL DIRECTOR	1 0	X						0	0	0
(5) MARK LOVE DIRECTOR	1 0	X						0	0	0
(6) KEITH MAIO DIRECTOR	1 0	X						0	0	0
(7) MANNY MOLINA DIRECTOR	1 0	X						0	0	0
(8) FRANK PLACENTI DIRECTOR	1 0	X						0	0	0
(9) DAVID RALSTON DIRECTOR	1 0	X						0	0	0
(10) BRIAN SWARTZ DIRECTOR	1 0	X						0	0	0
(11) MELANI WALTON DIRECTOR	1 0	X						0	0	0
(12) DAVID WATSON DIRECTOR	1 0	X						0	0	0
(13) RICHARD KUHLE DIRECTOR	1 0	X						0	0	0
(14) CANDACE WIEST DIRECTOR	1 0	X						0	0	0
(15) SHEILA ZUIEBACK DIRECTOR/SECRETARY	1 0	X		X				0	0	0
(16) Steven Schnall DIRECTOR/SVP Chief Dev Officer	40 0	X		X				0	376,443	55,534
(17) Renee Fricke VP Annual Giving	40 0					X		0	180,910	17,995

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	2,256,451	326,204

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INTERNATIONAL MERCHANDISING CORP 1360 E 9TH STREET SUITE 100 CLEVELAND, OH 44114	CONSULTING	105,663

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

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	418,137				
	b	Membership dues	1b					
	c	Fundraising events	1c	4,378,950				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,681,106				
	g	Noncash contributions included in lines 1a-1f \$ 200,857						
	h	Total. Add lines 1a-1f						18,478,193
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		888,376			888,376
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties		0				
6a		Gross rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	7,596,503				
b		Less cost or other basis and sales expenses		7,821,569				
c		Gain or (loss)		-225,066				
d		Net gain or (loss)		-225,066			-225,066	
8a		Gross income from fundraising events (not including \$ 4,378,950 of contributions reported on line 1c) See Part IV, line 18	a	509,846	-29,760		-29,760	
b		Less direct expenses	b	539,606				
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19	a		0			
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances	a		0			
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			0				
12	Total revenue. See Instructions			19,111,743			633,550	

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	11,146,740	11,146,740		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	439,636		219,818	219,818
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,776,155		320,763	1,455,392
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	327,084		76,065	251,019
10	Payroll taxes	146,989		19,922	127,067
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	132,663			132,663
f	Investment management fees	0			
g	Other	283,155		66,633	216,522
12	Advertising and promotion	407,296		17,325	389,971
13	Office expenses	429,172		203,771	225,401
14	Information technology	52,054		51,259	795
15	Royalties	0			
16	Occupancy	154,808		154,709	99
17	Travel	44,479		16,412	28,067
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	75,348		23,230	52,118
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
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	DUES	51,423		51,423	
b	ALL OTHER EXPENSES	76,990		24,960	52,030
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	15,543,992	11,146,740	1,246,290	3,150,962
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			10,440,125	1	39,239,770
	2	Savings and temporary cash investments			31,297,041	2	5,511,374
	3	Pledges and grants receivable, net			14,058,832	3	12,831,326
	4	Accounts receivable, net			0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			4,369,396	9	504,420
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		0	10c	
	b	Less: accumulated depreciation	10b				
	11	Investments—publicly traded securities			13,381,769	11	16,368,808
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)			73,547,163	16	74,455,698	
Liabilities	17	Accounts payable and accrued expenses			63,578	17	208,050
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			5,858,622	25	4,522,969
	26	Total liabilities. Add lines 17 through 25			5,922,200	26	4,731,019
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			41,618,043	27	43,505,867
28		Temporarily restricted net assets			21,106,493	28	20,293,304
29		Permanently restricted net assets			4,900,427	29	5,925,508
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			67,624,963	33	69,724,679
34		Total liabilities and net assets/fund balances			73,547,163	34	74,455,698

Part XI Reconciliation 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	19,111,743
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,543,992
3	Revenue less expenses Subtract line 2 from line 1	3	3,567,751
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,624,963
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,468,035
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	69,724,679

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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

2011

Open to Public
Inspection

Name of the organization PHOENIX CHILDREN'S HOSPITAL FOUNDATION	Employer identification number 74-2421549
--	--

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 **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,008,357	17,484,191	16,821,148	17,654,732	18,478,193	86,446,621
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	16,008,357	17,484,191	16,821,148	17,654,732	18,478,193	86,446,621
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,146,507
6 Public Support. Subtract line 5 from line 4						80,300,114

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	16,008,357	17,484,191	16,821,148	17,654,732	18,478,193	86,446,621
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,007,398	1,890,455	1,135,177	981,973	888,376	8,903,379
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						95,350,000
12 Gross receipts from related activities, etc (See instructions)					12	3,214,515
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 2011 (line 6 column (f) divided by line 11 column (f))	14	84 216 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	82 394 %
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-2421549
Name: PHOENIX CHILDREN'S HOSPITAL FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization PHOENIX CHILDREN'S HOSPITAL FOUNDATION	Employer identification number 74-2421549
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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	1	0
2 Aggregate contributions to (during year)	0	0
3 Aggregate grants from (during year)	0	0
4 Aggregate value at end of year	3,052,805	0
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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)

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

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
1c	
1d	
1e	
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	3,676,192	3,626,192	3,175,694	4,355,490	
b Contributions	1,071,808	50,000	405	35,180	
c Investment earnings or losses			450,093	-1,214,976	
d Grants or scholarships			0	0	
e Other expenditures for facilities and programs			0	0	
f Administrative expenses			0	0	
g End of year balance	4,748,000	3,676,192	3,626,192	3,175,694	

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

- Board designated or quasi-endowment ▶

0 %
- Permanent endowment ▶

100 000 %
- Term endowment ▶

0 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

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

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

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
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V	PHOENIX CHILDREN'S HOSPITAL FOUNDATION'S ENDOWMENT FUNDS WILL BE USED TO PROVIDE ON-GOING OUTSTANDING PEDIATRIC CARE TO CHILDREN BY ENABLING PHOENIX CHILDREN'S HOSPITAL TO OFFER THE VERY BEST TECHNOLOGY, PROGRAMS AND MEDICAL SPECIALISTS. ENDOWMENT FUNDS WILL BE USED TO SUPPORT PHOENIX CHILDREN'S HOSPITAL PROGRAMS INCLUDING THE CHILDREN'S NEUROSCIENCES INSTITUTE, THE CENTER FOR CANCER AND BLOOD DISORDERS, CAMP RAINBOW (A CAMP FOR CHILDREN WITH DIABETES, HEMOPHILIA AND KIDNEY DISEASE), THE CENTER FOR PEDIATRIC ORTHOPEDICS, PULMONARY AND CYSTIC FIBROSIS, PEDIATRIC RHEUMATOLOGY AND PEDIATRIC ONCOLOGY.
FIN48 (ASC 740) FOOTNOTE	SCHEDULE D, PART X, LINE 2	MANAGEMENT IS OF THE OPINION THAT SUBSTANTIALLY ALL OF THE HOSPITAL'S, FOUNDATION'S, AND CAPTIVE'S ACTIVITIES ARE RELATED TO THEIR EXEMPT PURPOSES AND NO MATERIAL UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED OR RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31, 2011 AND 2010.

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

2011

Open to Public
Inspection

Name of the organization
PHOENIX CHILDREN'S HOSPITAL FOUNDATION

Employer identification number
74-2421549

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

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INTERNATIONAL MERCH CORP	CONSULTING		No	0	105,663	-105,663
PROPERTY CONSULTING GROUP	CONSULTING		No	0	27,000	-27,000
Total ▶				0	132,663	-132,663

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.

AZ

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
		<u>BEACH BALL 2011</u>	<u>RADIOTHON</u>	<u>6</u>	(Add col (a) through		
		(event type)	(event type)	(total number)	col (c))		
	1	Gross receipts	1,263,238	2,694,839	930,719	4,888,796	
	2	Less Charitable contributions	978,126	2,676,766	724,058	4,378,950	
3	Gross income (line 1 minus line 2)	285,112	18,073	206,661	509,846		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs	186,794	2,493	62,124	251,411	
	7	Food and beverages	1,444	1,566	12,697	15,707	
	8	Entertainment	11,300	0	0	11,300	
	9	Other direct expenses	143,036	29,738	88,414	261,188	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(539,606)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-29,760

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary 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

1919 E THOMAS ROAD
PHOENIX,AZ 85016

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
DESCRIPTION OF EXPENDITURES FOR PROFESSIONAL FUNDRAISING SERVICES	SCHEDULE G, PART I, LINE 2B, COLUMN (IV)	FOUNDATION USES TWO CONSULTING FIRMS FOR GENERAL FUNDRAISING ADVICE AND GUIDANCE THESE CONSULTANTS ARE NOT USED FOR SPECIFIC CAMPAIGNS THEREFORE AN AMOUNT CANNOT BE DETERMINED TO REPORT IN SCHEDULE G, PART I, LINE 2B, COL (IV)

OMB No 1545-0047

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

Open to Public Inspection

74-2421549

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

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	<u>1</u>
3	Enter total number of other organizations listed in the line 1 table	0

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
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, QUESTION 2	PHOENIX CHILDREN'S HOSPITAL FOUNDATION REGULARLY MONITORS GRANT ASSISTANCE PROVIDED TO OTHER ORGANIZATIONS TO ENSURE THAT PERFORMANCE GOALS ARE SUPPORTED AND THAT EXPENDITURES FOLLOW APPROPRIATE SPENDING GUIDELINES AND REGULATIONS REQUIRED PROGRAM AND FINANCIAL REPORTS ARE REVIEWED AND EVALUATED TO ENCOURAGE RESULTS-BASED ACCOUNTABILITY FREQUENT COMMUNICATION BETWEEN PHOENIX CHILDREN'S HOSPITAL FOUNDATION AND THE SUPPORTED ORGANIZATIONS CONTRIBUTES TO THE ACCOMPLISHMENT OF DELIVERING HOPE, HEALING, AND THE BEST CARE FOR CHILDREN AND FAMILIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization PHOENIX CHILDREN'S HOSPITAL FOUNDATION	Employer identification number 74-2421549
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) 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 accrued 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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) ROBERT L MEYER	(i)	0	0	0	0	0	0	0
	(ii)	706,346	512,715	17,355	177,130	18,732	1,432,278	0
(2) Steven Schnall	(i)	0	0	0	0	0	0	0
	(ii)	252,385	111,205	12,853	40,389	15,145	431,977	0
(3) Renee Fricke	(i)	0	0	0	0	0	0	0
	(ii)	148,144	29,347	3,419	0	17,995	198,905	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part IIISupplemental 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
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 4B	PHOENIX CHILDREN'S HOSPITAL (PCH) OFFERS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO CERTAIN EXECUTIVES OF THE ORGANIZATION. ELIGIBLE PARTICIPANTS ARE SELECTED BY THE PCH BOARD OF DIRECTORS. PARTICIPANT VESTING OCCURS UPON RETIREMENT, DISABILITY BEFORE SEPARATION, INVOLUNTARY SEPARATION (OTHER THAN FOR CAUSE) OR DEATH. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PCH SERP PLAN AND HAD DEFERRED CONTRIBUTIONS DURING 2011: ROBERT L. MEYER - \$155,130; STEVEN S. SCHNALL - \$27,131.
COMPENSATION FOOTNOTES		TOP MANAGEMENT COMPENSATION IS SUBJECT TO REVIEW AND DETERMINATION BY THE COMPENSATION COMMITTEE OF THE RELATED EXEMPT ORGANIZATION, PHOENIX CHILDREN'S HOSPITAL (PCH). OTHER EMPLOYEES ARE SUBJECT TO THE HUMAN RESOURCES POLICIES, INCLUDING COMPENSATION ARRANGEMENTS, OF PCH. THIS ENTITY DOES NOT HAVE ANY DIRECT EMPLOYEES. ALL PAYROLL IS CENTRALIZED THROUGH A RELATED EXEMPT ORGANIZATION, PHOENIX CHILDREN'S HOSPITAL (PCH) (EIN 86-0422559). SALARY EXPENSE REPORTED ON FORM 990, PART IX, LINES 5 AND 7 REPRESENTS AN ALLOCATION OF SALARIES AND WAGES PAID BY PCH. THE FORM 941 REPORTING THESE SALARIES AND WAGES IS FILED UNDER THE PCH EIN. ROBERT MEYER WAS ELIGIBLE FOR THE EXECUTIVE INCENTIVE PLAN OF PHOENIX CHILDREN'S HOSPITAL (PCH), A RELATED ORGANIZATION, IN WHICH ONE OF THE PERFORMANCE MEASURES WAS EBIDA FOR PCH. A SECOND PERFORMANCE MEASURE WAS THE TOTAL FUNDRAISING RESULTS OF PHOENIX CHILDREN'S HOSPITAL FOUNDATION. THIS INCENTIVE PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
PHOENIX CHILDREN'S HOSPITAL FOUNDATION

Employer identification number
74-2421549

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	8	200,857	COST/SELLING 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 ► (_____)				
26 Other ► (_____)				
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	0
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?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				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
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
PHOENIX CHILDREN'S HOSPITAL FOUNDATION**Employer identification number**

74-2421549

Identifier	Return Reference	Explanation
VOLUNTEERS	FORM 990, PART I, LINE 6	VOLUNTEERS MAKE A DIFFERENCE FOR PATIENTS AND FAMILIES AT PHOENIX CHILDREN'S HOSPITAL (PCH) EVERY DAY BY GIVING THE GIFT OF TIME. THE VOLUNTEERS EACH HAVE SOMETHING UNIQUE TO OFFER AND COME FROM ALL BACKGROUNDS AND WALKS OF LIFE. VOLUNTEERS ARE AN IMPORTANT PART OF PCH'S TEAM THAT PROVIDES THE BEST HOPE, HEALING AND CARE TO CHILDREN AND FAMILIES. EACH WEEK, OVER 400 VOLUNTEERS DONATE THREE TO FOUR HOURS OF SERVICE IN OVER 30 AREAS OF THE HOSPITAL. ADDITIONALLY, PHOENIX CHILDREN'S HOSPITAL FOUNDATION HOLDS SPECIAL FUNDRAISING EVENTS WHERE APPROXIMATELY 2400 VOLUNTEERS DONATED TIME. VOLUNTEERS ARE HEAVILY RELIED UPON TO PROVIDE ENJOYABLE ACTIVITIES FOR THE EVENT PARTICIPANTS. PCH VOLUNTEERS PLEDGE A MINIMUM OF 100 HOURS AND MUST BE AT LEAST 16 YEARS OF AGE. VOLUNTEERS GO THROUGH THE SAME SCREENING AND ORIENTATION PROCESS AS EMPLOYEES IN TERMS OF APPLICATION, BACKGROUND CHECK, GENERAL HOSPITAL ORIENTATION, HIPAA, CONFIDENTIALITY TRAINING, EXTENSIVE HANDS-ON TRAINING AND ADDITIONAL TRAINING AS NECESSARY FOR DIFFERENT POSITIONS.

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES	FORM 990, PART III, LINE 1	PHOENIX CHILDREN'S HOSPITAL FOUNDATION SUPPORTS PHOENIX CHILDREN'S HOSPITAL THROUGH FUNDRAISING ENSURING THAT THE HOSPITAL CONTINUES TO STAY ON THE LEADING EDGE OF PEDIATRIC MEDICINE AND IS EQUIPPED TO FULFILL ITS MISSION OF DELIVERING HOPE, HEALING AND THE BEST CARE FOR CHILDREN AND FAMILIES

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III, LINE 4	<p>PHOENIX CHILDREN'S HOSPITAL FOUNDATION (THE FOUNDATION) WAS ESTABLISHED TO SOLICIT GIFTS AND GRANTS, MANAGE FUNDRAISING, AND PROVIDE OTHER PHILANTHROPIC SUPPORT FOR PHOENIX CHILDREN'S HOSPITAL (PCH), WHICH IS THE SOLE STATUTORY MEMBER OF THE FOUNDATION. PHOENIX CHILDREN'S HOSPITAL (PCH) IS ARIZONA'S ONLY LICENSED NONPROFIT CHILDREN'S HOSPITAL PROVIDING CARE IN MORE THAN 35 PEDIATRIC SPECIALTIES TO THE STATE'S PEDIATRIC PATIENTS. SIX CENTERS OF EXCELLENCE AT PCH OFFER INTERDISCIPLINARY CARE, INCLUDING THE CENTER FOR CANCER AND BLOOD DISORDERS, THE CHILDREN'S HEART CENTER, THE CHILDREN'S NEUROSCIENCES INSTITUTE, THE CENTER FOR PEDIATRIC ORTHOPEDICS, TRAUMA AND THE NEWBORN INTENSIVE CARE UNIT (NICU). PCH IS ONE OF THE 10 LARGEST FREESTANDING CHILDREN'S HOSPITALS IN THE UNITED STATES ON NUMBER OF BEDS AND IS THE SINGLE LARGEST PROVIDER OF PEDIATRIC SERVICES TO LOW-INCOME CHILDREN IN ARIZONA, 53 PERCENT OF PATIENTS ARE MEDICAID BENEFICIARIES. IN ADDITION TO THE HOSPITAL'S MAIN CAMPUS NEAR DOWNTOWN PHOENIX, ARIZONA, THE HOSPITAL OPERATED A SECOND, 110-LICENSED-BED NICU IN PHOENIX ON THE CAMPUS OF BANNER GOOD SAMARITAN REGIONAL MEDICAL CENTER. THE NICU OPERATES IN CLOSE COLLABORATION WITH A HIGH-RISK OBSTETRICS PROGRAM, CARING FOR BABIES OF HIGH-RISK PREGNANCIES, INCLUDING THOSE BORN PREMATURELY, THOSE BORN WITH CONGENITAL ANOMALIES, AND MULTIPLE BIRTHS. THE HOSPITAL ALSO OPERATES TWO FREESTANDING PEDIATRIC CLINICS IN MESA AND GLENDALE, ARIZONA THAT OFFER SPECIALTY CARE AND ADVANCE URGENT CARE. DURING 2011 THE HOSPITAL CHANGED FROM A NONMEMBER-BASED ARIZONA NONPROFIT CORPORATION TO A MEMBER-BASED ARIZONA NONPROFIT CORPORATION IN ORDER TO ENABLE A STRATEGIC AFFILIATION WITH DIGNITY HEALTH, FORMERLY CHILDREN'S HEALTHCARE WEST. ON JUNE 1, 2011, THE HOSPITAL SUBSTANTIALLY COMPLETED THE CONSTRUCTION OF A MULTYEAR EXPANSION PROJECT THAT ADDED A NEW MULTISTORY PATIENT BED TOWER ON ITS EXISTING CAMPUS, AS WELL AS SEVERAL SUPPORT STRUCTURES INCLUDING TWO PARKING STRUCTURES AND A POWER PLANT. PATIENTS WERE TRANSFERRED TO PRIVATE ROOMS IN THE NEW TOWER BEGINNING JUNE 1, 2011. THROUGH ITS BROAD RANGE OF SUPERIOR PEDIATRIC SERVICES INCLUDING NEUROLOGY, ENDOCRINOLOGY, CHEMOTHERAPY, CARDIOLOGY AND OTHER MEDICAL SERVICES, PCH HAS PROVIDED A DISTINGUISHED INDEPENDENT HEALTH FACILITY FOR THE CHILDREN OF ARIZONA. PCH DELIVERS ON ITS MISSION TO PROVIDE HOPE, HEALING, AND THE BEST CARE FOR CHILDREN AND FAMILIES BY PROVIDING ACCESS TO THE MOST ADVANCED SPECIALTY AND SUBSPECIALTY PEDIATRIC CARE IN ARIZONA. PCH EXTENDS THIS MISSION BEYOND OUR PATIENT POPULATION BY DELIVERING DIRECT FUNDING, PROGRAM SUPPORT, HEALTHCARE EXPERTISE, AND OTHER RESOURCES TO THE MOST VULNERABLE MEMBERS OF OUR COMMUNITY AND TO THE COMMUNITY AT LARGE. THE FOLLOWING DESCRIBES PCH'S SIX CENTERS OF EXCELLENCE AND OTHER MEDICAL SERVICES:</p> <p>CENTER FOR CANCER AND BLOOD DISORDERS WITH 17 SUBSPECIALTY-TRAINED PHYSICIANS PROVIDING EXPERT CARE IN THE AREAS OF BLOOD AND MARROW TRANSPLANT, NEUROONCOLOGY, HEMATOLOGY, SOLID TUMORS, SURVIVORSHIP, EARLY DRUG DEVELOPMENT AND LIQUID TUMORS, THE CENTER FOR CANCER AND BLOOD DISORDERS IS THE STATE'S ONLY TREATMENT PROGRAM FULLY DEDICATED TO PEDIATRIC PATIENTS. IN 2011 CENTER'S CLINICAL TEAM ATTENDED TO 15,475 APPOINTMENTS, A NUMBER THAT HAS NEARLY DOUBLED SINCE 2007. BUT ALONG WITH APPOINTMENTS, HOPE HAS NEVER BEEN GREATER, THANKS TO EFFECTIVE TREATMENTS FOR MANY OF THESE DEADLY DISEASES. AMONG THESE TREATMENTS IS BLOOD AND MARROW TRANSPLANT. BETWEEN 2007 AND 2011, THE CENTER ADMINISTERED 103 MARROW TRANSPLANTS.</p> <p>CHILDREN'S HEART CENTER THE CHILDREN'S HEART CENTER BECAME THE NATION'S FIFTH LARGEST PROGRAM OF ITS KIND WHEN THE STRATEGIC ALLIANCE TRANSACTION UNITED PHOENIX CHILDREN'S AND ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER'S PEDIATRIC PROGRAMS. THE CENTER OFFERS A FULL ARRAY OF RELATED DIAGNOSTIC AND TREATMENT OPTIONS THAT INCLUDE INVASIVE AND NON-INVASIVE CARDIOTHORACIC SERVICES WITH EXPERTISE IN CARDIAC-SPECIFIC ANESTHESIA AND INTENSIVE CARE. HOME TO THE STATE'S ONLY TWO PEDIATRIC-DEDICATED CARDIAC CATHETERIZATION FACILITIES, THE CENTER'S SPACE IN THE NEW TOWER INCLUDES A 24-BED CARDIOVASCULAR INTENSIVE CARE UNIT STAFFED BY SPECIALLY TRAINED PERSONNEL WHO HAVE ACCESS TO CUTTING-EDGE CARDIAC THERAPIES LIKE EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO), A TYPE OF HEART-LUNG BYPASS FOR YOUNG PATIENTS. ADDITIONALLY, THE HEART CENTER HAS RECEIVED CERTIFICATION THROUGH UNOS FOR A PEDIATRIC HEART TRANSPLANT PROGRAM.</p> <p>CHILDREN'S NEUROSCIENCE INSTITUTE IN ADDITION TO THE COMPREHENSIVE CARE IT PROVIDES CHILDREN WITH NEUROLOGICAL AND BEHAVIORAL CONDITIONS, THE CHILDREN'S NEUROSCIENCE INSTITUTE WAS ALSO ACTIVE IN RESEARCH. DAVID ADELSON, MD, FACS, FAAP, DIRECTOR OF THE INSTITUTE, ALONG WITH OTHER RESEARCHERS, WAS AWARDED A THREE-YEAR GRANT FOR THE DEVELOPMENT OF A BRAIN-COMPUTER INTERFACE, A TECHNOLOGY THAT REACHED A MAJOR MILESTONE IN 2011 WHEN IT COMPLETED ITS VERY FIRST BRAIN-COMPUTER INTERFACE SURGERY, A CUTTING EDGE PROCEDURE AIMED AT HELPING</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III, LINE 4	<p>G PATIENTS WITH NEUROLOGICAL DISORDERS USE THE POWER OF THEIR BRAINS TO CREATE MOVEMENT C NI NEUROLOGISTS JEFFREY BUCHHALTER, MD, PHD, AND RANDA JARRAR, MD, COLLABORATED WITH RESEA RCHERS AT ARIZONA STATE UNIVERSITY ON ANOTHER STUDY, "KNOWLEDGE ABOUT EPILEPSY AND CONFIDE NCE IN INSTRUCTING STUDENTS WITH EPILEPSY TEACHERS' RESPONSES TO A NEW SCALE" IN THE STU DY, 91 CURRENT TEACHERS OF A STUDENT WITH EPILEPSY AND 203 TEACHERS IN GENERAL WERE SURVEY ED USING A NEW SCALE. AS EXPECTED, MORE KNOWLEDGEABLE TEACHERS EXPRESSED GREATER CONFIDENC E. RESULTS SUGGEST THAT SOME FACTS ABOUT EPILEPSY REQUIRE ADDITIONAL DISSEMINATION TO EDUC ATORS.</p> <p>CENTER FOR PEDIATRIC ORTHOPAEDICS PHOENIX CHILDREN'S CENTER FOR PEDIATRIC ORTHOPAED ICS IS DEDICATED TO OFFERING THE MOST COMPREHENSIVE, STATE-OF-THE-ART CARE FOR CHILDREN WH O HAVE EXPERIENCED MUSCULOSKELETAL INJURY OR ARE LIVING WITH RELATED DISEASES OR CONDITION S. THE GROUP IS COMPOSED OF SIX FELLOWSHIP-TRAINED PHYSICIANS WHO PROVIDE ORTHOPAEDIC SURG ICAL AND NON-SURGICAL CARE THROUGH A VARIETY OF CLINICS TO CHILDREN AND TEENS WITH FRACTUR ES, HIP DISORDERS, MUSCULAR DY STROPHY, SPINAL DEFORMITIES AND CLUBFOOT. ALSO, THE PCH SPOR TS MEDICINE PROGRAM PROVIDES SURGICAL AND NON-SURGICAL CARE TO YOUNG ATHLETES WHO HAVE EXP ERIENCED INJURY DURING PHYSICAL ACTIVITY. THE PROGRAM ALSO ADDED A PRIMARY CARE SPORTS MED ICINE PHYSICIAN TO ITS TEAM WHO, IN ADDITION TO CARING FOR BONE AND JOINT INJURIES, ALSO S PECIALIZES IN TREATING ATHLETES WITH SPORTS-INDUCED CONCUSSION. AS THE CENTER FOR PEDIATRI C ORTHOPAEDICS GROWS, THE GROUP PLANS TO ADD PROGRAMS FOR SPINA BIFIDA, MUSCULOSKELETAL TU MORS, CEREBRAL PALSY AND A GAIT LAB.</p> <p>LEVEL 1 PEDIATRIC TRAUMA CENTER TRAUMATIC INJURIES KILL MORE CHILDREN IN ARIZONA BETWEEN THE AGES OF 1 AND 14 THAN ANY OTHER CAUSE. IN RESPONSE TO THIS SOBERING STATISTIC, PHOENIX CHILDREN'S HOSPITAL CREATED ITS AMERICAN COLLEGE OF S URGEONS (ACS)-VERIFIED LEVEL 1 PEDIATRIC TRAUMA CENTER IN 2008, WHERE PHYSICIANS REPRESENT ING MORE THAN 12 SUBSPECIALTIES AND OTHER HIGHLY TRAINED MEDICAL PROFESSIONALS STAND AT TH E READY TO PROVIDE LIFE-SAVING TREATMENT TO SERIOUSLY INJURED CHILDREN AND TEENS. WHY IS I T SO IMPORTANT TO HAVE THIS IMPORTANT RESOURCE IN ARIZONA? STUDIES HAVE SHOWN CARE AT AN A CS-VERIFIED TRAUMA CENTER LIKE PHOENIX CHILDREN'S LOWERS A CHILD'S RISK OF DEATH BY 25 PER CENT. SIMPLY, IT'S A BETTER OPTION THAT SAVES MORE LIVES. THE TRAUMA TEAM AT PHOENIX CHILD REN'S, UNDER THE LEADERSHIP OF DR. DAVID NOTRICA, HAS BEEN BUSY DOING JUST THAT: SAVING LI VES. BETWEEN ITS JULY 2008 OPENING AND THE END OF 2011, PHOENIX CHILDREN'S SAW MORE THAN 5,500 TRAUMA PATIENTS. IN 2011 ALONE, THE HOSPITAL REPORTED 2,088 TRAUMA CASES. THE PHOENIX CHILDREN'S LEVEL 1 PEDIATRIC TRAUMA CENTER IS A VITAL REGIONAL RESOURCE. NEWBORN INTENSIV E CARE UNIT OFFERING 143 LICENSED BEDS, PHOENIX CHILDREN'S NEWBORN INTENSIVE CARE UNIT IS THE LARGEST FACILITY OF ITS KIND IN ARIZONA AND AMONG THE LARGEST IN THE NATION. EARLY ARR IVALS AREN'T THE ONLY ONES WHO ARE TREATED IN THE NICU, BABIES WHO ARE BORN FULL-TERM, BUT WITH INFECTION, CONGENITAL BIRTH DEFECTS, IN-UTERO DRUG EXPOSURE OR COMPLICATIONS FROM TR AUMATIC BIRTH ALSO HAVE ACCESS TO THE CUTTING-EDGE CARE PROVIDED BY THE NICU TEAM. FOR INF ANTS WHO HAVE SUFFERED BIRTH-RELATED OXYGEN DEPRIVATION, THE HOSPITAL IS HOME TO THE ONE O F ONLY TWO COMPREHENSIVE NEURO-NICU'S IN THE COUNTRY, WHERE THEY ARE MONITORED BY HIGHLY S OPHISTICATED EQUIPMENT AND TREATED WITH A STATE-OF-THE-ART WHOLE BODY COOLING SYSTEM, WHIC H GREATLY REDUCE THE CHANCES THESE INFANTS WILL DEVELOP CONDITIONS LIKE CEREBRAL PALSY, ME NTAL RETARDATION AND OTHER INTELLECTUAL OR PHYSICAL DEFICIENCIES.</p>

Identifier	Return Reference	Explanation
OTHER MAJOR MEDICAL SERVICES		<p>DOCTORS AND NURSES ARE VITAL COMPONENTS OF THE PERSONALIZED CARE TEAM PHOENIX CHILDREN'S PROVIDES EACH OF ITS CHILDREN EQUALLY IMPORTANT TO THE HOSPITAL'S PHILOSOPHY OF CARE IS THE FAMILY MOTHERS, FATHERS, SIBLINGS, GRANDPARENTS AND OTHER MEMBERS OF A FAMILY'S SUPPORT SYSTEM IT'S THOSE FAMILY MEMBERS WHO ARE THE PRIMARY CAREGIVERS AND PROVIDE THE STRENGTH AND SUPPORT REQUIRED TO HELP OUR YOUNG PATIENTS RECOVER FROM ILLNESS AND INJURY THEY PARTNER WITH THE HOSPITAL'S TEAM TO HELP DEVELOP A PLAN OF TREATMENT THAT BEST FITS THEIR PERSONAL SITUATIONS THE HOSPITAL ALSO UNDERSTANDS THOSE FAMILY MEMBERS HAVE NEEDS, TOO AND FOR THAT REASON PHOENIX CHILDREN'S - THROUGH ITS PATIENT AND FAMILY SERVICES DEPARTMENT - OFFERS A COMPREHENSIVE SUPPORT NETWORK FOR THE ENTIRE FAMILY THROUGH SOCIAL WORK, CHAPLAINCY AND CHILD LIFE, THE LATTER A PROGRAM DEVELOPED RIGHT HERE AT PHOENIX CHILDREN'S HOSPITAL THAT HELPS PATIENTS AND OFTEN THEIR SIBLINGS COPE EMOTIONALLY AND PHYSICALLY DURING THEIR HOSPITAL STAY BY PROVIDING AGE APPROPRIATE EDUCATION PATIENTS GAIN A MEASURE OF CONTROL OVER THEIR OWN CARE BY LEARNING ABOUT IT THROUGH PLAY ROUNDING OUT THE CARE TEAM ARE COMPASSIONATE AND CARING MEMBERS OF THE COMMUNITY, OUR VOLUNTEERS, WHO MAKE AN INDELIBLE DIFFERENCE IN THE LIVES OF OUR CHILDREN, FAMILIES AND STAFF WHETHER THEY'RE ESCORTING A FAMILY TO ONE OF OUR CLINICS, SERVING AS A CANDY STRIPER OR ENTERTAINING CHILDREN IN ONE OF THE PLAYROOMS, PHOENIX CHILDREN'S VOLUNTEERS ARE THERE TO OFFER ANOTHER LEVEL OF COMFORT AND CARE THE HOSPITAL'S PHILOSOPHY OF FAMILY-CENTERED CARE IS ALSO ONE OF THE MOTIVATIONS BEHIND ITS ALLIANCE WITH ST JOSEPH'S HOSPITAL AND MEDICAL CENTER THE UNIFICATION OF THESE PEDIATRIC PROGRAMS - WHOSE MISSIONS AND VISIONS SO CLOSELY ALIGN - FORTIFIES PHOENIX CHILDREN'S COMMITMENT TO DELIVER ON ITS PROMISE TO PROVIDE HOPE, HEALING AND THE BEST HEALTH CARE TO ARIZONA'S CHILDREN AND FAMILIES PHOENIX CHILDREN'S OFFERS WORLD-CLASS CARE IN MORE THAN 40 SUB-SPECIALTY FIELDS OF PEDIATRIC MEDICINE, INCLUDING 6 CENTERS OF EXCELLENCE LAST YEAR, PHOENIX CHILDREN'S HAD 13,404 ADMISSIONS, 63,554 VISITS TO THE EMERGENCY DEPARTMENT, 178,749 OUTPATIENT PHYSICIAN VISITS, AND 13,745 SURGICAL PROCEDURES ARIZONA'S POPULATION GROWTH MEANS PHOENIX CHILDREN'S MUST GROW, TOO THE HOSPITAL IS EXPANDING TO ADD MORE PHYSICIANS, BUILD NEW CLINICAL PROGRAMS, AND INCREASE THE NUMBER OF LICENSED BEDS TO 626 AT FULL BUILD OUT THE CENTERPIECE OF THE EXPANSION IS AN 11-STORY TOWER THAT OPENED IN 2011 PHOENIX CHILDREN'S HAS ARIZONA'S ONLY DEDICATED PEDIATRIC DIALYSIS CENTER AND PEDIATRIC KIDNEY TRANSPLANT PROGRAM PHOENIX CHILDREN'S HOSPITAL HAS 183 ICU BEDS, ONE OF THE LARGEST AMONG ALL FREESTANDING CHILDREN'S HOSPITALS IN THE COUNTRY, AND ONE OF ONLY A HANDFUL IN THE U.S PERFORMING THE EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) PROCEDURE PHOENIX CHILDREN'S HAS THE FIRST AND ONLY PEDIATRIC RADIOLOGY FELLOWSHIP PROGRAM IN ARIZONA WHEN THE NEW TOWER IS COMPLETE, THE DIVISION OF RADIOLOGY WILL OCCUPY 45,000 SQUARE FEET OF THE FIRST FLOOR PHOENIX CHILDREN'S OPERATES TWO SPECIALTY AND URGENT CARE CENTERS, ONE IN THE EAST VALLEY AND ONE IN THE NORTHWEST VALLEY THE HOSPITAL WILL CONTINUE TO SPREAD ITS SPECIAL BRAND OF CARE ACROSS THE VALLEY WHEN WORK BEGINS ON ANOTHER FACILITY IN THE WEST VALLEY CITY OF AVONDALE APPROXIMATELY 60 PERCENT OF PHOENIX CHILDREN'S PATIENTS ARE COVERED BY AHCCCS, ARIZONA'S MEDICAID PROGRAM FOR LOW-INCOME FAMILIES THE TRACHEOTOMY AND AIRWAY PROGRAM IS THE ONLY COMPREHENSIVE INPATIENT AND OUTPATIENT SERVICE IN ARIZONA THAT CARES FOR CHILDREN WITH TRACHEOSTOMIES AND HOME VENTILATORS MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6 THE STATUTORY MEMBER OF PHOENIX CHILDREN'S HOSPITAL FOUNDATION IS PHOENIX CHILDREN'S HOSPITAL (PCH) CHILDREN'S HOSPITAL (PCH) THE STATUTORY MEMBER OF PHOENIX CHILDREN'S HOSPITAL FOUNDATION IS PHOENIX CHILDREN'S HOSPITAL (PCH)</p>

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, LINES 7A AND 7B	PCH, AS THE STATUTORY MEMBER OF THE FOUNDATION, HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF THE FOUNDATION PCH ALSO HAS THE FOLLOWING RESERVE POWERS (A) A MENDMENT OF THE ARTICLES OF INCORPORATION OF THE FOUNDATION (B) ADOPTION OF THE OPERATING AND CAPITAL BUDGETS OF THE FOUNDATION (C) UNBUDGETED EXPENDITURES IN AN AMOUNT IN EXCESS OF \$10,000 (D) UNDERTAKING A LOAN OR OTHER OBLIGATION IN AN AMOUNT IN EXCESS OF \$10,000 (E) SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, GRANT OR OTHER DISPOSITION OF ASSETS OF THE FOUNDATION, OTHER THAN IN THE NORMAL COURSE OF THE FOUNDATION'S INVESTMENT ACTIVITIES (F) ADOPTION OF A PLAN OF MERGER OR CONSOLIDATION OF THE FOUNDATION WITH ANOTHER CORPORATION (G) ELECTION TO DISSOLVE AND WIND UP THE AFFAIRS OF THE FOUNDATION OR REVOCATION OF ANY SUCH ACTION, (H) ADOPTION OF A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE FOUNDATION

Identifier	Return Reference	Explanation
PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, LINE 11B	THE 990 WAS REVIEWED BY KEY FINANCIAL STAFF OF PHOENIX CHILDREN'S HOSPITAL, THE SOLE MEMBER THE RETURN, IN ITS FINAL FORM, WAS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW

Identifier	Return Reference	Explanation
PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12C	PCH AND ITS AFFILIATE ORGANIZATIONS REQUIRES EACH OF ITS DIRECTORS, OFFICERS AND VICE PRESIDENTS TO COMPLETE AN ANNUAL DISCLOSURE FORM, INDENTIFYING REAL OR POTENTIAL CONFLICTS, SUCH AS FINANCIAL RELATIONSHIPS OR INTEREST, FAMILY OR BUSINESS ASSOCIATIONS OR EMPLOYEE RELATIONSHIPS WITH PCH AND/OR IT'S DIRECTORS AND KEY EMPLOYEES THE CEO REPORTS A SUMMARY OF THE QUESTIONNAIRES TO THE BOARD OF DIRECTORS AT A REGULAR BOARD MEETING IF SITUATIONS ARE DISCLOSED THAT PRESENT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST, THE CEO DISCLOSES IT TO THE BOARD AS A WHOLE AND CONFERS WITH THE INDIVIDUAL CREATING THE RESPONSE TO IDENTIFY WHAT, IF ANY, STEPS ARE NECESSARY TO ELIMINATE OR AVOID A CONFLICT, INCLUDING RECLUSION ON A VOTE OR OTHER APPROPRIATE ACTION THE CHAIR OF THE BOARD AND THE CEO THEN RETAIN ONGOING RESPONSIBILITY TO MONITOR FUTURE ACTIONS OF THE COMPANY AND SPECIFICALLY THE BOARD TO AVOID OR ELIMINATE FUTURE CONFLICTS AS CIRCUMSTANCES ARISE

Identifier	Return Reference	Explanation
PROCESS USED TO DETERMINE COMPENSATION OF CEO AND OTHER OFFICERS	FORM 990, PART VI, LINES 15A AND 15B	THIS ENTITY DOES NOT HAVE ANY DIRECT EMPLOYEES. ALL PAYROLL IS CENTRALIZED THROUGH A RELATED EXEMPT ORGANIZATION, PHOENIX CHILDREN'S HOSPITAL (PCH) (EIN 86-0422559). SALARY EXPENSES REPORTED ON FORM 990, PART IX, LINES 5 AND 7 REPRESENTS AN ALLOCATION OF SALARIES AND WAGES PAID BY PCH. FORM 941 REPORTING THESE SALARIES AND WAGES IS FILED UNDER THE PCH EIN. TOP MANAGEMENT COMPENSATION IS SUBJECT TO REVIEW AND DETERMINATION BY THE COMPENSATION COMMITTEE OF THE RELATED EXEMPT ORGANIZATION, PHOENIX CHILDREN'S HOSPITAL (PCH). PCH USES THE FOLLOWING PROCEDURE TO ESTABLISH THE COMPENSATION OF THE FOUNDATION'S TOP MANAGEMENT OFFICIAL: PHOENIX CHILDREN'S HOSPITAL USES THE SERVICES OF AN OUTSIDE COMPENSATION CONSULTING FIRM TO MAKE MARKET COMPARISONS OF COMPENSATION, INCLUDING BOTH BASE SALARY AND INCENTIVE PROGRAMS. THESE PLANS ARE REVIEWED WITH AND ULTIMATELY APPROVED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE. AFTER COMPLETION OF THE YEAR-END AUDIT, THE COMPENSATION COMMITTEE MEETS TO EVALUATE PERFORMANCE OF THE CEO AND KEY EXECUTIVES AND TO APPROVE THE RECOMMENDATION OF THE VP OF HUMAN RESOURCES AND THE CEO, BASED ON THE CRITERIA IN THE PREVIOUSLY APPROVED PLAN. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE COMPENSATION COMMITTEE BOARD MINUTES. THIS PROCESS WAS LAST COMPLETED IN 2011. OTHER EMPLOYEES ARE SUBJECT TO THE HUMAN RESOURCE POLICIES, INCLUDING COMPENSATION ARRANGEMENTS, OF PCH.

Identifier	Return Reference	Explanation
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL STATEMENTS TO THE GENERAL PUBLIC	FORM 990, PART VI, LINE 19 DISCLOSURE OF SUCH DOCUMENTS AND POLICIES ARE NOT REQUIRED, BUT WILL BE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	ROBERT MEYER IS COMPENSATED BY AND DEVOTES 40 HOURS PER WEEK TO PHOENIX CHILDREN'S HOSPITAL (PCH), A RELATED TAX-EXEMPT ORGANIZATION. STEVEN SCHNALL IS COMPENSATED BY PCH FOR SERVICES RENDERED TO FOUNDATION. HE DEVOTES 40 HOURS PER WEEK TO PHOENIX CHILDREN'S HOSPITAL FOUNDATION, AND NONE TO PCH. RICHARD KUHLE IS DEVOTES 1 HOUR PER WEEK AS A NONCOMPENSATED BOARD MEMBER TO PHOENIX CHILDREN'S HOSPITAL (PCH), A RELATED TAX-EXEMPT ORGANIZATION. THE HIGHEST COMPENSATED EMPLOYEES OF THE FOUNDATION ARE COMPENSATED BY PCH FOR SERVICES RENDERED TO FOUNDATION. THEY DEVOTE NO HOURS PER WEEK TO PCH.

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED LOSSES \$ (1,467,948) ROUNDING (87) ----- TOTAL OTHER CHANGES IN NET ASSETS \$ (1,468,035)

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

2011

Open to Public Inspection

Name of the organization
PHOENIX CHILDREN'S HOSPITAL FOUNDATION

Employer identification number
74-2421549

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) PHOENIX CHILDREN'S HOSPITAL 1919 EAST THOMAS ROAD PHOENIX, AZ 85016 86-0422559	HOSPITAL	AZ	501(C)(3)	3	CHA		No
(2) CAMBRIDGE ARIZONA INSURANCE COMPANY 333 EAST OSBORN ROAD SUITE 300 PHOENIX, AZ 85012 26-1756912	INSURANCE	AZ	501(C)(3)	11A	PCH	Yes	
(3) CHILDREN'S HEALTHCARE OF ARIZONA INC 1919 E THOMAS ROAD PHOENIX, AZ 85016 45-1474342	SUPPORT	AZ	501(C)(3)	11A - I	NA		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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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