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 JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 4401 PENN AVENUE, CENTRAL PLANT — Room/suite: FLR 3

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

D Employer identification number: 25-1865744

E Telephone number: 412-692-3900

G Gross receipts $ 360,099,774.

F Name and address of principal officer: J. GREGORY BARRETT
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

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

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CHP.EDU

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2000

M State of legal domicile: PA

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
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	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-102,880.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-102,880.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,050,841.	14,835,131.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,997,485.	8,613,266.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	366,477.	689,436.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,414,803.	24,137,833.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,311,815.	19,247,368.
	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)	2,549,471.	2,957,436.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,377,836.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,358,801.	1,400,022.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,220,087.	23,604,826.
	19	Revenue less expenses. Subtract line 18 from line 12	1,194,716.	533,007.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	266,077,137.	231,521,752.
	21	Total liabilities (Part X, line 26)	38,554,740.	20,361,260.
	22	Net assets or fund balances. Subtract line 21 from line 20	227,522,397.	211,160,492.

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MAY 1 5 2013
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OGDEN, UT
IRS-OSC

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 5/13/13

▶ NICHOLAS J. BARCELLONA, INTERIM TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JULIUS GREEN, CPA		5/10/13		P00350393

Firm's name ▶ PARENTEBEARD LLC — Firm's EIN ▶ 23-2932984

Firm's address ▶ 20 STANWIX ST., SUITE 800
PITTSBURGH, PA 15222 — Phone no 412-697-6400

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

ENVELOPE POSTMARK DATE MAY 1 5 2013

SCANNED JUN 0 6 2013

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
TO PROVIDE FINANCIAL SUPPORT TO CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ________) (Expenses $ 14,127,981. including grants of $ 9,715,744.) (Revenue $ ________)
ANNUAL FUNDING FOR CHP: CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION (FOUNDATION) IS THE SOLE FUNDRAISING ARM OF CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC (CHILDREN'S). THROUGH TARGETED CAMPAIGNS, SPECIAL EVENTS, AND GRANTS, THE FOUNDATION RAISES MONEY TO SUPPORT THE HOSPITAL'S MISSION OF EXCELLENCE IN PATIENT CARE, TEACHING, AND RESEARCH. CHILDREN S HAS BEEN A CHARITABLE INSTITUTION SINCE ITS INCEPTION AND REMAINS A NON-PROFIT ENTITY. TO ENSURE THE CONTINUATION OF ITS CHARITABLE MISSION, IN JULY 2000, THE FOUNDATION WAS ESTABLISHED AS A SUBSIDIARY OF CHILDREN'S. IT THEN BECAME AN INDEPENDENT ORGANIZATION WHEN THE HOSPITAL MERGED WITH UPMC IN OCTOBER 2001. THROUGH THE FOUNDATION, GENEROUS DONATIONS LARGE AND SMALL FROM INDIVIDUALS, CORPORATIONS, FOUNDATIONS, AND COMMUNITY PARTNERS HAVE A

4b (Code ________) (Expenses $ 3,340,621. including grants of $ 3,340,621.) (Revenue $ ________)
FUNDING FOR CHP NEW BUILDING: CONTRIBUTIONS ARE PROCESSED ON A MONTHLY BASIS TO SUPPORT THE CHILDREN'S HOSPITAL BUILDING. WITH 296 LICENSED BEDS, CHILDREN'S OFFERS COMPREHENSIVE INPATIENT AND OUTPATIENT HEALTH CARE SERVICES AT ITS MAIN CAMPUS IN THE LAWRENCEVILLE NEIGHBORHOOD OF PITTSBURGH. BUILT ON 10 ACRES WITH 1.5 MILLION SQUARE FEET OF USABLE SPACE, CHILDREN'S WAS DESIGNED WITH INPUT FROM PHYSICIANS, NURSES, AND FAMILIES TO ENSURE IT MEETS THE UNIQUE REQUIREMENTS OF PEDIATRIC HEALTH CARE PROVIDERS AND THE PATIENTS THEY SERVE. THE HOSPITAL IS A BENCHMARK FOR QUALITY CARE BUILT ON FIVE PRINCIPLES INCLUDING: FAMILY-CENTERED CARE, PATIENT SAFETY AND QUALITY, TECHNOLOGICAL SOPHISTICATION, GREEN CAMPUS AND QUIET BUILDING. ALL OF THESE ITEMS ENSURE THE PATIENTS RECEIVE TOP QUALITY CARE IN A COMFORTABLE SETTING.

4c (Code ________) (Expenses $ 1,778,766. including grants of $ 1,778,766.) (Revenue $ ________)
FREE CARE FUNDING: PARENTS FACE PLENTY OF WORRIES, BUT WHETHER OR NOT THEY CAN AFFORD THEIR CHILD S HEALTH CARE SHOULD NEVER BE ONE OF THEM. CHILDREN S PROVIDES CARE TO SICK CHILDREN IN OUR REGION, REGARDLESS OF THEIR FAMILIES INSURANCE OR ABILITY TO PAY THROUGH THE GENEROUS DONATIONS MADE TO THE FREE CARE FUND.

DURING THE FISCAL YEAR 2012, WHICH ENDED JUNE 30, 2012, CHILDREN'S PROVIDED MORE THAN $25 MILLION IN FREE AND UNCOMPENSATED CARE.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 19,247,368.

132002
02-09-12

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

132003
01-23-12

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

132004
01-23-12

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

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

132005
01-23-12

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

			Line	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] 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 during the tax year.

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

LAUREL RAGLAND - (412) 692-3900

4401 PENN AVENUE, CENTRAL PLANT, NO. FLR 3, PITTSBURGH, PA 15224

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) LESLIE W. BRAKSICK, PHD TRUSTEE	2.50	X						0.	0.	0.
(2) JAY W. CLEVELAND JR. TRUSTEE	3.00	X						0.	0.	0.
(3) REBECCA COST SNYDER TRUSTEE	1.00	X						0.	0.	0.
(4) RONALD R. DAVENPORT JR. TRUSTEE	0.50	X						0.	0.	0.
(5) ROBERT DELLINGER TRUSTEE	1.00	X						0.	0.	0.
(6) DOUGLAS P. DICK TRUSTEE	2.50	X						0.	0.	0.
(7) MARY JO DIVELY ESQ VICE-CHAIR	3.50	X						0.	0.	0.
(8) EDWARD L. DOHENY II TRUSTEE	0.50	X						0.	0.	0.
(9) MARK A. SNYDER TRUSTEE	2.50	X						0.	0.	0.
(10) JOSEPH M. FORTUNATO TRUSTEE	0.50	X						0.	0.	0.
(11) CHRISTOPHER A. GESSNER TRUSTEE	2.00	X						0.	0.	0.
(12) GEORGE K. GITTES, MD TRUSTEE	1.00	X						0.	0.	0.
(13) LAWRENCE N. GUMBERG TRUSTEE	2.50	X						0.	0.	0.
(14) HOWARD W. HANNA III CHAIR	4.00	X						0.	0.	0.
(15) SY HOLZER TRUSTEE	2.00	X						0.	0.	0.
(16) LAURA SHAPIRA KARET TRUSTEE	1.00	X						0.	0.	0.
(17) ARTHUR S. LEVINE, MD TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) JOSEPH C. MANZINGER TRUSTEE	1.50	X						0.	0.	0.
(19) MARTHA HARTLE-MUNSCH, ESQ TRUSTEE	1.00	X						0.	0.	0.
(20) DENISE M. PAMPENA TRUSTEE	2.00	X						0.	0.	0.
(21) JOAN ROSSIN STEPHENS TRUSTEE	2.00	X						0.	0.	0.
(22) DOROTHY J. POLLON TRUSTEE	1.00	X						0.	0.	0.
(23) JOHN G. RANGOS SR. TRUSTEE	1.00	X						0.	0.	0.
(24) CLIFFORD R. ROWE JR. TRUSTEE	0.50	X						0.	0.	0.
(25) STEVE J. SHANGOLD TRUSTEE	1.00	X						0.	0.	0.
(26) JOSEPH C. WALTON TRUSTEE	1.00	X						0.	0.	21,455.
1b Sub-total ▶								0.	0.	21,455.
c Total from continuation sheets to Part VII, Section A ▶								0.	515,928.	17,486.
d Total (add lines 1b and 1c) ▶								0.	515,928.	38,941.

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? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S MIRACLE NETWORK 205 W 700 SOUTH, SALT LAKE CITY, UT 84101	HOSPITAL FUNDRASING NETWORK	157,277.
BLACKBAUD, 2000 DANIEL ISLAND DRIVE, CHARLESTON, SC 29429	RAISER'S EDGE CONSULTING TRAINING AND MA	112,827.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) J. GREGORY BARRETT CHPF PRESIDENT	40.00	X		X				0.	348,702.	0.
(28) JAMES FREY SECRETARY/VP STRAT PLANNIN	40.00			X				0.	167,226.	17,486.
(29) LAUREL RAGLAND TREASURER/CFO	20.00			X				0.	0.	0.

Total to Part VII, Section A, line 1c . . . . 515,928. 17,486.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts						
1 a Federated campaigns	1a	1,057,205.				
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	1,390,000.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	12,387,926.				
g Noncash contributions included in lines 1a-1f $		2,080,500.				
h **Total.** Add lines 1a-1f		▶	14,835,131.			
Program Service Revenue		Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f		▶				
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)		▶	4,346,875.		-102,880.	4,449,755.
4 Income from investment of tax-exempt bond proceeds		▶				
5 Royalties		▶				
	(i) Real	(ii) Personal				
6 a Gross rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)		▶				
7 a Gross amount from sales of assets other than inventory	(i) Securities 339,898,438.	(ii) Other				
b Less: cost or other basis and sales expenses	335,632,047.					
c Gain or (loss)	4,266,391.					
d Net gain or (loss)		▶	4,266,391.			4,266,391.
8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a	1,019,330.				
b Less: direct expenses	b	329,894.				
c Net income or (loss) from fundraising events		▶	689,436.			689,436.
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		▶				
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		▶				
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d		▶				
12 Total revenue. See instructions.		▶	24,137,833.	0.	-102,880.	9,405,582.

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	19,247,368.	19,247,368.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,330,000.		554,540.	1,775,460.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	469,450.		111,729.	357,721.
10 Payroll taxes	157,986.		37,601.	120,385.
11 Fees for services (non-employees):				
a Management				
b Legal	13,459.		1,346.	12,113.
c Accounting	53,100.		53,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	48,967.		48,967.	
g Other	572,122.		18,140.	553,982.
12 Advertising and promotion				
13 Office expenses	316,569.		18,581.	297,988.
14 Information technology	59,099.		49,535.	9,564.
15 Royalties				
16 Occupancy	156,736.		62,694.	94,042.
17 Travel	98,234.		16,214.	82,020.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,631.		355.	5,276.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,983.		2,983.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD DISCOUNT	33,759.			33,759.
b MISCELLANEOUS EXPENSE	30,091.		3,837.	26,254.
c BANK FEES	9,272.			9,272.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	23,604,826.	19,247,368.	979,622.	3,377,836.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		3,053,384.	1	5,023,774.
	2	Savings and temporary cash investments		14,910,000.	2	29,850,000.
	3	Pledges and grants receivable, net		8,399,890.	3	7,813,481.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 992,960.			
	b	Less: accumulated depreciation	10b 983,265.	12,678.	10c	9,695.
	11	Investments - publicly traded securities		196,923,932.	11	138,505,110.
	12	Investments - other securities. See Part IV, line 11		33,910,418.	12	41,489,853.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		8,866,835.	15	8,829,839.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		266,077,137.	16	231,521,752.
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		38,554,740.	25	20,361,260.
	26	**Total liabilities.** Add lines 17 through 25		38,554,740.	26	20,361,260.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		115,773,009.	27	104,748,620.
	28	Temporarily restricted net assets		53,891,878.	28	47,700,984.
	29	Permanently restricted net assets		57,857,510.	29	58,710,888.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		227,522,397.	33	211,160,492.
	34	Total liabilities and net assets/fund balances		266,077,137.	34	231,521,752.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,137,833.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,604,826.
3	Revenue less expenses. Subtract line 2 from line 1	3	533,007.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227,522,397.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-16,894,912.
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	211,160,492.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Employer identification number
25-1865744

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] 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. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	29,022,573.	17,175,772.	8,582,949.	13,050,841.	14,835,131.	82,667,266.
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	29,022,573.	17,175,772.	8,582,949.	13,050,841.	14,835,131.	82,667,266.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,581,431.
6 **Public support.** Subtract line 5 from line 4						70,085,835.

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	29,022,573.	17,175,772.	8,582,949.	13,050,841.	14,835,131.	82,667,266.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,324,394.	5,428,299.	3,914,249.	4,087,303.	4,346,875.	24,101,120.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						106,768,386.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 65.64 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 15 67.52 %

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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 section 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 ▶ ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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	Employer identification number
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT	25-1865744

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

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

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

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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 (ASC 958) relating to these items:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	244,166,660.	198,740,516.	211,203,364.	280,531,708.	
b Contributions	7,023,193.	11,535,487.	13,443,494.	9,688,740.	
c Net investment earnings, gains, and losses	-11,352,852.	49,685,400.	30,057,580.	-52,336,280.	
d Grants or scholarships					
e Other expenditures for facilities and programs	29,280,803.	13,595,525.	53,860,036.	22,437,542.	
f Administrative expenses	711,236.	621,526.	769,007.	788,362.	
g End of year balance	209,844,962.	245,744,352.	200,075,395.	214,658,264.	

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

a Board designated or quasi-endowment ▶ 57.55 %

b Permanent endowment ▶ 22.86 %

c Temporarily restricted endowment ▶ 19.59 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
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		614,914.	614,914.	0.
c Leasehold improvements		435.	435.	0.
d Equipment		376,447.	366,752.	9,695.
e Other		1,164.	1,164.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				9,695.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY PARTNERSHIP	17,026,838.	END-OF-YEAR MARKET VALUE
(B) UPMC LONG-SHORT STRATEGY	16,214,447.	END-OF-YEAR MARKET VALUE
(C) DISTRESSED DEBT FUNDS	8,248,568.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	41,489,853.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES-OTHER LT LIABILITIES	96,983.
(3) ACCRUAL OPERATING FUNDING	1,572,295.
(4) FUNDING COMMITTMENT-NEW BUILDING	15,020,340.
(5) FUNDING COMMITTMENT-NONCURRENT	3,250,255.
(6) ACCRUAL OPERATING EXPENSE	421,387.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	20,361,260.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,137,833.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,604,826.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	533,007.
4	Net unrealized gains (losses) on investments	4	-20,225,451.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	3,330,539.
9	Total adjustments (net). Add lines 4 through 8	9	-16,894,912.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-16,361,905.

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	4,232,194.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-20,225,451.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	-10,082.		
e	Add lines 2a through 2d			2e	-20,235,533.
3	Subtract line 2e from line 1			3	24,467,727.
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	-329,894.		
c	Add lines 4a and 4b			4c	-329,894.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	24,137,833.

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

1	Total expenses and losses per audited financial statements			1	20,594,099.
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	329,894.		
e	Add lines 2a through 2d			2e	329,894.
3	Subtract line 2e from line 1			3	20,264,205.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	3,340,621.		
c	Add lines 4a and 4b			4c	3,340,621.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	23,604,826.

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, line 2; 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.

PART V, LINE 4: PROVIDE SUPPORT FOR CHILDREN'S HOSPITAL OF PITTSBURGH

OF UPMC

PART X, LINE 2: THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS

DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"),

AND IS EXEMPT FROM FEDERAL TAXES ON ITS EXEMPT INCOME UNDER SECTION 501

(A) OF THE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME

TAXES IS RECORDED.

Part XIV Supplemental Information *(continued)*

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2012 AND 2011.

THE FOUNDATION'S FEDERAL INCOME TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	-10,082.
FUNDING EXPENSE OF NEW BUILDING	3,340,621.
TOTAL TO SCHEDULE D, PART XI, LINE 8	3,330,539.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST	-10,082.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	-329,894.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	329,894.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FUNDING EXPENSE OF NEW BUILDING	3,340,621.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Employer identification number: 25-1865744

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

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

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

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

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

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

Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities ▶

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

Part III can be duplicated if additional space is needed.

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

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01-23-12

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

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01-23-12

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: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Employer identification number 25-1865744

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

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

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

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

b If "Yes," list the 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.

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

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

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

		(a) Event #1 GIGLOTTI CLASSIC II (event type)	(b) Event #2 CHP 3RD GOLF OUTING (event type)	(c) Other events 14 (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	126,118.	252,570.	640,642.	1,019,330.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	126,118.	252,570.	640,642.	1,019,330.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,018.	7,004.	3,142.	13,164.
	6 Rent/facility costs	13,980.	41,001.	16,689.	71,670.
	7 Food and beverages	18,146.	19,851.	54,410.	92,407.
	8 Entertainment			4,350.	4,350.
	9 Other direct expenses	105.	16,630.	131,568.	148,303.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(329,894)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				689,436.

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

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Employer identification number: 25-1865744

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PGH OF UPMC 3705 FIFTH AVENUE PITTSBURGH, PA 15213	25-0402510	501(C)(3)	18,810,848.	436,520.	BOOK	TOYS, BOOKS, COMFORT ITEMS, OTHER	ANNUAL FUNDRASING SUPPORT, FREE CARE, NEW BUILDING

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

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

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

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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.
Part III can be duplicated if additional space is needed.

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Employer identification number: 25-1865744

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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☒ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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	X	
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 J. GREGORY BARRETT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	247,410.	100,000.	1,292.	0.	0.	348,702.	0.
2 JAMES FREY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	147,501.	15,000.	4,725.	11,550.	5,936.	184,712.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: THE ORGANIZATION PAYS CLUB DUES ON BEHALF OF CERTAIN OFFICERS. THE CLUB MEMBERSHIPS ARE USED FOR FUNDRAISING PURPOSES AND MEETINGS WITH DONORS, THEREFORE WE CONCLUDE CLUB DUES PAID ARE CONSIDERED NOT TAXABLE.

PART I, LINE 4A: THE OFFICERS AND KEY EMPLOYEES OF THE FUNDATION ARE EMPLOYED ON A FULL TIME, 40 HOUR PER WEEK BASIS. DUE TO THE NATURE OF THE POSITIONS THAT THEY HOLD, THEIR AVERAGE HOURS PER WEEK SUBSTANTIALLY EXCEED THAT OF A TYPICAL 40 HOUR WORK WEEK. THERE WAS AN EMPLOYEE PAID LESS THAN $150,000 THAT RECEIVED A SEVERANCE PAYMENT DURING FY 2012.

PART I, LINE 7: CHPF PROVIDES INCENTIVE COMPENSATION AS PART OF ITS TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES. THIS COMPONENT IS BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL AND THREE YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA. THESE CRITERIA DIRECTLY SUPPORT CHPF'S MISSION AND INCLUDE: COMMUNITY BENEFITS, OPERATION AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT AND STRATEGIC BUSINESS INITIATIVES AMONG OTHER THINGS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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Name of the organization: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Employer identification number: 25-1865744

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
SY HOLZER	BOARD MEMBER OF THE	140,195.	INVESTMENT		X
HOWARD W. HANNA III	CHAIRMAN OF BOARD O	88,576.	THE CHAIRMA		X

Part V **Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SY HOLZER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE ORGANIZATION IS PRESIDENT OF PNC BANK

(C) AMOUNT OF TRANSACTION $ 140,195.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT MANAGEMENT FEE - EACH OF THE TRANSACTIONS DESCRIBED IN SCHEDULE L, PART IV WERE NEGOTIATED AT ARMS LENGTH AND ARE BASED ON FAIR MARKET VALUE. IN ACCORDANCE WITH APPLICABLE POLICIES AND PROCEDURES, INTERESTED PERSONS ABSTAINED FROM DECISION MAKING PROCESS WITH RESPECT TO EACH TRANSACTION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: HOWARD W. HANNA III

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHAIRMAN OF BOARD OF DIRECTORS

(D) DESCRIPTION OF TRANSACTION: THE CHAIRMAN OF THE BOARD OF DIRECTORS DAUGHTER IS A PAID EMPLOYEE OF THE FOUNDATION.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Employer identification number: 25-1865744

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	1	1,050.	ESTIMATED MARKET VALUE
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		4,762.	ESIMATED NOMINAL VALUE
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	25	1,643,980.	PUBLICLY TRADED PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AMENITIES)	X	1,040	338,717.	ESTIMATED NOMINAL CO
26	Other ▶ (ADVERTISING)	X	1	63,241.	SELLING PRICE
27	Other ▶ (DISTRACTION T)	X	1	28,600.	ESTIMATED MARKET VAL
28	Other ▶ (TRANSPORTATIO)	X	1	150.	ESTIMATED MARKET VAL

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DIRECT AND IMMEDIATE IMPACT ON CHILDREN'S HOSPITAL'S ABILITY TO TRANSFORM YOUNG LIVES THROUGH UNPARALLELED CARE AND DEEP COMPASSION. ROOTED IN PHILANTHROPY, CHILDREN'S IS SUSTAINED BY GENEROUS COMMUNITY SUPPORT, SETTING THE STANDARDS OF EXCELLENCE IN PEDIATRIC CARE.

IN FY 2012, THE FOUNDATION CONTRIBUTED MORE THAN $19 MILLION TO THE HOSPITAL IN SUPPORT OF THE NEW HOSPITAL CONSTRUCTION, RESEARCH, CLINICAL PROGRAMS, MEDICAL EDUCATION, AND FUNDS FOR FREE CARE.

FOR MORE THAN 120 YEARS, CHILDREN'S HAS BEEN A FIXTURE IN PITTSBURGH AND THE SURROUNDING TRI-STATE REGION. WHAT BEGAN IN 1890 AS A SINGLE COT ENDOWED BY THE ENTREPRENEURIAL SON OF A LOCAL PEDIATRICIAN, HAS GROWN INTO A WORLD-RENOWNED CHILDREN'S HOSPITAL DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL CHILDREN.

TODAY, CHILDREN'S CARES FOR INFANTS, CHILDREN, AND ADOLESCENTS WHO MAKE MORE THAN 1 MILLION VISITS TO OUR HOSPITAL, ITS MANY NEIGHBORHOOD LOCATIONS, AND CHILDREN'S COMMUNITY CARE PEDIATRIC PRACTICES EACH YEAR. IN FY 2012, CHILDREN'S HAD 13,804 INPATIENT STAYS, 5,424 OBSERVATION STAYS, 77,031 EMERGENCY DEPARTMENT VISITS, 21,670 SURGERIES, AND MORE THAN 1 MILLION OUTPATIENT VISITS.

WITH A MEDICAL STAFF OF APPROXIMATELY 700, CHILDREN'S PROVIDES CARE ALONG THE FULL SPECTRUM OF PEDIATRIC SUBSPECIALTIES FROM ALLERGIES TO WEIGHT MANAGEMENT AND WELLNESS. CHILDREN'S TODAY IS A LEADER ON A

Name of the organization CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

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NATIONAL SCALE IN A MULTITUDE OF PEDIATRIC SUB-SPECIALTIES, INCLUDING CARDIOLOGY, CARDIOTHORACIC SURGERY, DIABETES AND ENDOCRINOLOGY, HEMATOLOGY/ONCOLOGY, HEMATOLOGY, NEUROLOGY, NEUROSURGERY, ORGAN AND TISSUE TRANSPLANTATION, OTOLARYNGOLOGY (ENT), PULMONOLOGY, AND SURGERY. OUR NETWORK OF NEIGHBORHOOD LOCATIONS, AMBULATORY CARE CENTERS, PRIMARY AND SPECIALTY CARE PRACTICES, AND EXPRESS CARE CENTERS COVERS A MULTI-COUNTY REGION.

CHILDREN'S IS CONSISTENTLY RANKED AMONG THE BEST CHILDREN'S HOSPITALS AND IS ONE OF 12 PEDIATRIC HOSPITALS IN THE UNITED STATES NAMED TO U.S. NEWS & WORLD REPORT'S HONOR ROLL OF AMERICA'S "BEST CHILDREN'S HOSPITALS" FOR 2012-2013.

CHILDREN'S ALSO LEADS THE WAY IN ADVANCED TECHNOLOGY, WITH SEVERAL ACCOMPLISHMENTS BASED ON OUR ADOPTION OF A FULLY INTEGRATED ELECTRONIC MEDICAL RECORD. IN 2009, CHILDREN'S WAS RECOGNIZED AS THE FIRST PEDIATRIC HOSPITAL IN THIS COUNTRY TO ACHIEVE STAGE 7 RECOGNITION FROM HIMSS (HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY) ANALYTICS FOR ACHIEVING A VIRTUALLY PAPERLESS PATIENT RECORD ENVIRONMENT AND THE MOST COMPREHENSIVE USE OF ELECTRONIC MEDICAL RECORDS. ALL INPATIENT AND OUTPATIENT STAFF UTILIZE CHILDREN'S ERECORD FOR ORDER ENTRY, CLINICAL DECISION SUPPORT, MEDICATION BAR-CODING, CLINICIAN DOCUMENTATION AND RADIOLOGICAL IMAGES. STAGE 7 IS MEASURED BY CONFORMANCE OF THE ELECTRONIC HEALTH RECORD TO THE CONTINUITY OF CARE DOCUMENT, THE NEWLY ADOPTED INTERNATIONAL STANDARD FOR EXCHANGE OF CLINICAL INFORMATION.

IN ADDITION, CHILDREN'S HAS BEEN RECOGNIZED BY KLAS, AN INDEPENDENT HEALTH CARE RESEARCH ORGANIZATION, AS THE LEADER IN ITS USE OF HEALTH

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

CARE INFORMATION TECHNOLOGY AMONG PEDIATRIC HOSPITALS IN THE UNITED STATES.

IN JULY 2012, CHILDREN'S EARNED MAGNET RECOGNITION STATUS FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC). MAGNET IS THE HIGHEST HONOR AN ORGANIZATION CAN RECEIVE FOR EXCELLENCE IN NURSING MAKING CHILDREN'S AMONG ONLY 6 PERCENT OF HOSPITALS NATIONWIDE TO HAVE ACHIEVED THIS PRESTIGIOUS DESIGNATION. ANCC'S MAGNET RECOGNITION PROGRAM RECOGNIZES HEALTH CARE ORGANIZATIONS FOR QUALITY PATIENT CARE, NURSING EXCELLENCE, AND INNOVATIONS IN PROFESSIONAL NURSING PRACTICE.

CHILDREN'S HAS THE REGION'S ONLY STATE-ACCREDITED LEVEL I PEDIATRIC TRAUMA CENTER AND HAS ONE OF THE BUSIEST EMERGENCY DEPARTMENTS, TREATING MORE THAN 77,000 CHILDREN IN THE LAST FISCAL YEAR. SUBSPECIALISTS IN ALL PEDIATRIC MEDICAL AND SURGICAL DISCIPLINES PROVIDE THE HIGHEST LEVEL OF CARE TO EVERY PATIENT AND FAMILY.

CHILDREN'S HAS ONE OF THE FASTEST GROWING, NATIONAL INSTITUTES OF HEALTH-FUNDED (NIH) PEDIATRIC RESEARCH PROGRAMS IN THE COUNTRY. PEDIATRIC RESEARCH PROGRAMS AT CHILDREN'S AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE RANKED SEVENTH IN NUMBER OF GRANTS FROM THE NIH FOR FISCAL YEAR 2011. ACTIVE RESEARCH PROGRAMS RANGE FROM STEM CELL BIOLOGY AND REGENERATIVE MEDICINE TO NOVEL STRATEGIES FOR TREATING PEDIATRIC CANCER. THE JOHN G. RANGOS SR. RESEARCH CENTER, OPENED IN 2008, HOUSES A 10-STORY, 300,000-SQUARE-FOOT RESEARCH FACILITY.

IN COLLABORATION WITH THE UNIVERSITY OF PITTSBURGH'S PETER M. WINTER INSTITUTE FOR SIMULATION, EDUCATION AND RESEARCH (WISER), CHILDREN'S

Name of the organization CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Employer identification number 25-1865744

STATE-OF-THE-ART PEDIATRIC SIMULATION CENTER INCORPORATES LIFE-LIKE SIMULATORS AND MULTI-TASK TRAINERS THAT ALLOW HEALTH CARE PROFESSIONALS TO RECOGNIZE AND MANAGE A WIDE ASSORTMENT OF PEDIATRIC-RELATED MEDICAL SITUATIONS. IT ALSO IS USED TO IMPART VITAL SKILLS SUCH AS INTUBATION, LUMBAR PUNCTURE, IV INSERTION, IV BLOOD DRAW, ARTERIAL BLOOD DRAW, AND BLADDER CATHETERIZATION.

CHILDREN'S PEDIATRIC RESIDENCY PROGRAM IS AMONG THE MOST RESPECTED IN THE COUNTRY, WITH 81 CATEGORICAL RESIDENTS, 16 INTERNAL/MEDICINE RESIDENTS AND 9 TRIPLE BOARD RESIDENTS.

CHILDREN'S HOSPITAL SERVES MORE THAN 23 COUNTIES IN WESTERN PENNSYLVANIA AND SEVERAL COUNTIES THROUGHOUT OHIO AND WEST VIRGINIA. IN ADDITION TO THE HOSPITAL, CHILDREN'S OFFERS THE FOLLOWING:

-AMBULATORY CARE CENTERS- CHILDREN'S EAST(MONROEVILLE), CHILDREN'S NORTH (WEXFORD) SEWICKLEY, CHILDREN'S PINE CENTER, AND CHILDREN'S SOUTH (BETHEL PARK), FOR ROUTINE PROCEDURES AND DIAGNOSTICS

-EXPRESS CARE CENTERS IN BETHEL PARK, LAWRENCEVILLE, MONROEVILLE, AND WEXFORD, WHICH OFFER FAMILIES ACCESS TO CONVENIENT AND IMMEDIATE CARE FOR INFANTS, CHILDREN, AND TEENS AFTER HOURS AND ON WEEKENDS FOR TREATMENT OF MINOR INJURIES AND ILLNESSES.

-PRIMARY CARE CENTERS IN CHILDREN'S OAKLAND MEDICAL BUILDING, TURTLE CREEK AND UPMC MERCY HEALTH CENTER, WHICH PROVIDES COMPREHENSIVE HEALTH SERVICES, INCLUDING SICK VISITS AND WELL-CHILD VISITS, TO INFANTS, CHILDREN, AND ADOLESCENTS THROUGHOUT THE PITTSBURGH REGION

-SPECIALTY CARE CENTERS WHICH PROVIDE THE EXPERTISE OF CHILDREN'S HOSPITAL'S RENOWNED EXPERTS IN CONVENIENT NEIGHBORHOOD LOCATIONS IN THE NOTED PEDIATRIC SPECIALTIES:

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-CHIPPEWA (CARDIOLOGY, ENDOCRINOLOGY, GASTROENTEROLOGY, NEPHROLOGY, PULMONARY MEDICINE AND PFT TESTING),

-HERMITAGE (CARDIOLOGY, GENERAL AND THORACIC SURGERY, ENDOCRINOLOGY, NEUROLOGY, GASTROENTEROLOGY, OTOLARYNGOLOGY, DOWN SYNDROME CENTER, HEMATOLOGY/ONCOLOGY, AND PULMONARY MEDICINE),

-ERIE (ENDOCRINOLOGY, GASTROENTEROLOGY, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, ORTHOPEDICS, AND PULMONARY MEDICINE),

-JOHNSTOWN (CARDIOLOGY, NEUROLOGY, GENERAL AND THORACIC SURGERY, ENDOCRINOLOGY, GASTROENTEROLOGY, OTOLARYNGOLOGY, NEPHROLOGY, AND PULMONARY MEDICINE)

-WHEELING, WV (CARDIOLOGY, GASTROENTEROLOGY, GENERAL AND THORACIC SURGERY, HEMATOLOGY/ONCOLOGY, NEUROLOGY, OTOLARYNGOLOGY, UROLOGY, ORTHOPEDIC SURGERY

-REMOTE CONSULTATION FOR PEDIATRIC PATIENTS IN CRITICAL CARE UNITS LOCATED AROUND THE WORLD IS OFFERED BY CHILDREN'S WORLD-CLASS INTENSIVISTS, WHEN COMPLEX CRITICAL CARE EXPERTISE IS NEEDED.

-TWO CRITICAL CARE SPECIALTIES HAVE DEVELOPED INTERNATIONAL PROGRAMS IN SOUTH AMERICA AND ITALY.

-CHILDREN'S COMMUNITY CARE PEDIATRIC (CCP) IS THE LARGEST PEDIATRIC AND ADOLESCENT PRIMARY CARE MEDICAL NETWORK IN WESTERN PENNSYLVANIA, WITH 30 PRACTICE LOCATIONS IN EIGHT COUNTIES. CCP HAS MORE THAN 150,000 ACTIVE PATIENTS AND AVERAGES 500,000 VISITS ANNUALLY. CCP PROVIDES:

-EASY ACCESS TO PRIMARY CARE AT CONVENIENT NEIGHBORHOOD LOCATIONS

-MORE THAN 100 BOARD-CERTIFIED PHYSICIANS, PLUS DEDICATED PHYSICIANS' ASSISTANTS AND NURSE PRACTITIONERS

-A WELL-CHILD CARE PHILOSOPHY FOR PREVENTION OF DISEASE AND INJURY

-EXPERT TREATMENT FOR BOTH ACUTE AND CHRONIC PEDIATRIC CONDITIONS

-SPECIALTY SERVICES INCLUDING BEHAVIORAL HEALTH, WEIGHT MANAGEMENT,

Name of the organization: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

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AND SPORTS MEDICINE

-ACCESS TO WORLD-CLASS SPECIALISTS THROUGH ITS AFFILIATION WITH CHILDREN'S HOSPITAL

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN'S STRIVES FOR ADVANCING THE HOSPITAL CONCEPT WITH FAMILY-CENTERED BEDSIDE ROUNDS AS AN INTEGRAL PART OF WELCOMING PARENTS AS PARTNERS IN THEIR CHILDREN'S MEDICAL TREATMENT. THE DAILY DISCUSSION AMONG ATTENDING PHYSICIANS AND RESIDENTS ABOUT A PATIENT'S CONDITION AND COURSE OF TREATMENT NO LONGER TAKES PLACE IN A CONFERENCE ROOM - IT TAKES PLACE IN THE CHILD'S ROOM, WITH PARENTS PARTICIPATING. THIS INITIATIVE HAS ALREADY DEMONSTRATED IMPROVED TEACHING, EFFICIENCY, AND PATIENT SATISFACTION.

FORM 990, PART VI, SECTION A, LINE 2: THE CHAIRMAN OF THE BOARD OF DIRECTORS DAUGHTER IS AN EMPLOYEE OF THE FOUNDATION.

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

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

Name of the organization: CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT

Employer identification number: 25-1865744

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS REVIEWED BY INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE EVALUATES INDIVIDUAL PERFORMANCE AND COMPARABLE INDUSTRY BENCHMARKS TO ENSURE COMPENSATION IS WITHIN FMV RANGE FOR THE POSITION. ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-20,225,451.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	-10,082.
FUNDING EXPENSE OF NEW BUILDING	3,340,621.
TOTAL TO FORM 990, PART XI, LINE 5	-16,894,912.

FORM 990, PART XII, LINE 2C:

CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION HAS AN AUDIT COMMITTEE THAT IS ESTABLISHED TO ASSIST THE BOARD OF TRUSTEES IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES BY MONITORING THE CHPF FINANCIAL REPORTS AND ANNUALLY REVIEWING AND APPROVING THE AUDITED FINANCIAL STATEMENTS VIA FORMAL BOARD RESOLUTION. THE CHPF FINANCIAL STATEMENTS ARE REVIEWED BY AN OUTSIDE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO AS PART OF THE PROCESS ISSUES THE INDEPENDENT AUDITOR'S OPINION. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II | **Additional (Not Automatic) 3-Month Extension of Time.** *Only file the original (no copies needed).*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions CHILDRENS HOSPITAL OF PITTSBURGH FOUNDAT	Employer identification number (EIN) or [X] 25-1865744
	Number, street, and room or suite no. If a P.O. box, see instructions. 4401 PENN AVENUE, CENTRAL PLANT, NO. FLR 3	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15224	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ LAUREL RAGLAND 4401 PENN AVENUE, CENTRAL PLANT, NO. FLR 3 - PITTSBURGH, PA 15224

  Telephone No. ▶ (412) 692-3900 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2013 .

5 For calendar year ______ , or other tax year beginning JUL 1, 2011 , and ending JUN 30, 2012 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME REQUIRED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

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01-06-12