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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
THE CHILDREN'S HOSPITAL FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
224 E BROADWAY 5TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40202

D Employer identification number
61-6027530

E Telephone number
(502)629-3409

G Gross receipts $ 66,246,384

F Name and address of principal officer
STEPHEN A WILLIAMS
210 E GRAY STREET
LOUISVILLE,KY 40202

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW NORTONHEALTHCARE COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1962

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CHILDREN'S HOSPITAL FOUNDATION RAISES FUNDS AND AWARDS GRANTS TO KOSAIR CHILDREN'S HOSPITAL

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**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	29
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	24
6	Total number of volunteers (estimate if necessary)	**6**	1,537
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,716,644	11,155,619
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,532,843	5,709,989
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	156,429	372,047
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,405,916	17,237,655
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,688,486	9,414,764
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)	1,261,726	1,361,032
16a	Professional fundraising fees (Part IX, column (A), line 11e)	42,000	40,815
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,935,506		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	941,644	1,346,781
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,933,856	12,163,392
19	Revenue less expenses Subtract line 18 from line 12	472,060	5,074,263

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	80,189,309	89,071,917
21	Total liabilities (Part X, line 26)	2,493,342	2,558,509
22	Net assets or fund balances Subtract line 21 from line 20	77,695,967	86,513,408

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

****** 2014-11-10
Signature of officer Date

MICHAEL W GOUGH 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
Rachel Spurlock				P00520729

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶

Firm's address ▶ 9600 BROWNSBORO ROAD SUITE 400 LOUISVILLE, KY 402411122 — Phone no (502) 326-3996

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE CHILDREN'S HOSPITAL FOUNDATION IS TO ENHANCE PATIENT CARE BY GENERATING FUNDS AND FRIENDS FOR KOSAIR CHILDREN'S HOSPITAL, SUPPORTING PATIENT NEEDS THROUGH ITS PROGRAMS AND SERVICES OF EXCELLENCE IN HEALTH CARE IN THE AREAS OF CAPITAL EQUIPMENT, CLINICAL RESEARCH, CHILD ADVOCACY, AND HEALTH EDUCATION OF PATIENTS, PARENTS, PHYSICIANS, STAFF AND THE COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 5,590,599 including grants of $ 5,590,599) (Revenue $)

THE CHILDREN'S HOSPITAL FOUNDATION PROVIDES FUNDING FOR CAPITAL PROJECTS, IN ADDITION TO PROGRAMS, ADVOCACY, EDUCATION AND RESEARCH IN 2013, THE FOUNDATION FUNDED THE FOLLOWING PROJECTS *$2 5 MILLION GRANTED TO KOSAIR CHILDREN'S HOSPITAL FOR PHASE III NEONATAL INTENSIVE CARE UNIT EXPANSION THE CONSTRUCTION IS CURRENTLY UNDERWAY TO PROVIDE ADDITIONAL PRIVACY WITH PRIVATE AND SEMI-PRIVATE ROOMS FOR FAMILIES AND THEIR INFANTS A NEW FAMILY CENTER WITH AMENITIES TO MAKE THE HOSPITAL FEEL A LITTLE MORE LIKE HOME, MILK LAB, SEVERAL HIGH-TECH ROOMS AND ROOMS FOR MULTIPLE-BIRTH BABIES WILL ENHANCE THE UNIT AND PROVIDE A HEALING ENVIRONMENT FOR THE MOST VULNERABLE PATIENTS IN THE HOSPITAL'S CARE *RENOVATIONS TO THE PEDIATRIC INTENSIVE CARE UNIT AND KCH ORTHOPAEDICS ON THE ST MATTHEWS CAMPUS *FUNDED OUTPATIENT DIABETES CENTER DESIGN AND TELEMETRY BEDS * PURCHASE OF ADDITIONAL TRANSPORT TEAM EQUIPMENT

4b (Code) (Expenses $ 3,824,165 including grants of $ 3,824,165) (Revenue $)

THE CHILDREN'S HOSPITAL FOUNDATION RAISES FUNDS TO SUPPORT PROGRAMS, EQUIPMENT AND FACILITIES, RESEARCH, ADVOCACY AND EDUCATION FOR KOSAIR CHILDREN'S HOSPITAL THE CHILDREN'S HOSPITAL FOUNDATION IS PLEASED TO BE ABLE TO PLAY SUCH A LARGE ROLE IN ENSURING THAT CHILDREN IN THE LOUISVILLE AREA HAVE THE MEDICAL CARE THEY NEED WHEN THEY NEED IT, WHILE KEEPING KIDS AS CLOSE TO HOME AS POSSIBLE THANKS TO SUPPORT FROM THE COMMUNITY, KOSAIR CHILDREN'S HOSPITAL HAS SOME OF THE MOST TALENTED AND DEDICATED PEDIATRIC SPECIALISTS AND CLINICAL AND CAREGIVING TEAMS IN THE COUNTRY READY TO CARE FOR CHILDREN THIS SUPPORT ENABLED THE HOSPITAL TO PROVIDE CARE TO MORE THAN 156,000 CHILDREN IN 2013 THIS 265-BED HOSPITAL IS THE ONLY FULL-SERVICE, FREE-STANDING PEDIATRIC HOSPITAL IN KENTUCKY AND THE PRIMARY TEACHING FACILITY FOR THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE DEPARTMENT OF PEDIATRICS IN ORDER TO CONTINUE TO EXCEED THE COMMUNITY'S NEED FOR SPECIALIZED PEDIATRIC CARE AND MEET THE EVER-GROWING NEEDS AT KOSAIR CHILDREN'S HOSPITAL, 2013 BROUGHT SEVERAL SPECIFIC FUNDRAISING INITIATIVES FORWARD TO DONORS AND THE COMMUNITY AT LARGE THESE EFFORTS FOCUSED ON RAISING FUNDS FOR PEDIATRIC CANCER, NEONATAL INTENSIVE CARE AND TYPE 1 DIABETES WHILE THE FOUNDATION'S "JUST FOR KIDS" CAMPAIGN CONCLUDED IN 2011, THE THREE GENERAL AREAS OF DEVELOPMENT FROM THE CAMPAIGN - WORKFORCE, RESEARCH AND FACILITIES - CONTINUE TO GUIDE FUNDRAISING GROWTH IN EACH OF THE AFOREMENTIONED PEDIATRIC SERVICES ADDITIONALLY, ONGOING AREAS OF NEED, SUCH AS CHILD ADVOCACY, PEDIATRIC PASTORAL CARE AND BEREAVEMENT PROGRAMS, ENDOWED RESEARCH CHAIRS, AND SPECIALTY THERAPIES, INCLUDING CHILD LIFE, EXPRESSIVE AND MUSIC THERAPIES, CONTINUE TO BE AREAS OF FUNDING AND PRIORITY FOR THE CHILDREN'S HOSPITAL FOUNDATION TO ENSURE A TRULY "JUST FOR KIDS" EXPERIENCE FOR PATIENTS AND FAMILIES THE FOUNDATION CONTINUES TO EXPAND PARTNERSHIPS WITHIN THE COMMUNITY AND ENHANCE THE HOSPITAL'S ABILITY TO SERVE ALL CHILDREN REGARDLESS OF THEIR FAMILIES' ABILITY TO PAY THE STRENGTH AND VALUE OF THE COMMUNITY'S SUPPORT FOR THE HOSPITAL ARE VISIBLE THROUGH FUNDING AND SUPPORT OF MANY PROJECTS IN 2013, INCLUDING *MORE THAN $9 MILLION IN FUNDS GRANTED TO KOSAIR CHILDREN'S HOSPITAL TO BENEFIT DOZENS OF AREAS OF CARE THROUGHOUT THE FACILITY *PEDIATRIC CARDIOLOGY STUDY ON BASIC SCIENCE AND CLINICAL TRANSLATION *THE CHILDREN'S HOSPITAL FOUNDATION OFFICE OF CHILD ADVOCACY OF KOSAIR CHILDREN'S HOSPITAL, WHICH HELPS PROVIDE SAFETY AND OUTREACH INFORMATION AIMED AT KEEPING KIDS OUT OF THE HOSPITAL *ENDOWED RESEARCH CHAIRS IN PEDIATRIC HEMATOLOGY/ONCOLOGY, SLEEP MEDICINE AND ENDOCRINOLOGY *STAFF EDUCATIONAL OPPORTUNITIES AND ADVANCED CERTIFICATIONS THAT CAN LEAD TO IMPROVED PATIENT TREATMENT SUPPORT FROM THE CHILDREN'S HOSPITAL FOUNDATION ALLOWS THE PEDIATRIC SPECIALISTS AT KOSAIR CHILDREN'S HOSPITAL TO CONTINUE TO RESPOND TO THE UNIQUE MEDICAL NEEDS OF CHILDREN FROM BIRTH TO AGE 18 IT ALSO HELPS THE HOSPITAL WORK TO KEEP CHILDREN OUT OF THE HOSPITAL

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 9,414,764

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or 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**	Yes	
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	53		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	31		
	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**	29		
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**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
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**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," 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 ▶ KY

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

▶ HELENA SCHULZ 224 E BROADWAY
LOUISVILLE, KY 402022025 (502) 629-8263

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								682,649	6,521,060	1,813,575

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 ▶ 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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 WEST 700 SOUTH SALT LAKE CITY UT 84101	DIRECT MARKETING MAILING	631,594
MARRIOTT LOUISVILLE DOWNTOWN 280 W JEFFERSON ST LOUISVILLE KY 40202	SPECIAL EVENTS	109,315
LAKE FOREST COUNTRY CLUB 14000 LANDMARK DR LOUISVILLE KY 40245	SPECIAL EVENTS	106,879

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 ▶ 3

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	415,053			
	e	Government grants (contributions)	1e	624,518			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,116,048			
	g	Noncash contributions included in lines 1a-1f $		312,630			
	h	**Total.** Add lines 1a-1f . . . . . ▶		11,155,619			
Program Service Revenue			Business Code				
	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		0			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,462,595			1,462,595
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . . ▶		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	51,928,647				
	b	Less cost or other basis and sales expenses	47,681,253				
	c	Gain or (loss)	4,247,394	0			
	d	Net gain or (loss) . . . . . ▶		4,247,394			4,247,394
Other Revenue	8a	Gross income from fundraising events (not including $ 415,053 of contributions reported on line 1c) See Part IV, line 18 . . a	879,648				
	b	Less direct expenses . . . b	868,834				
	c	Net income or (loss) from fundraising events . . ▶		10,814			10,814
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	509,090				
	b	Less direct expenses . . . b	295,865				
	c	Net income or (loss) from gaming activities . . ▶		213,225			213,225
	10a	Gross sales of inventory, less returns and allowances . a	310,785				
	b	Less cost of goods sold . . b	162,777				
	c	Net income or (loss) from sales of inventory . . ▶		148,008			148,008
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0			
	c			0			
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶		0			
	12	**Total revenue.** See Instructions . . . . . ▶		17,237,655	0	0	6,082,036

Part IX Statement of Functional Expenses

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

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

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	9,139,456	9,139,456		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	275,308	275,308		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	145,124		58,050	87,074
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	962,917		385,167	577,750
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,737		21,095	31,642
9 Other employee benefits	128,105		51,242	76,863
10 Payroll taxes	72,149		28,860	43,289
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	40,815			40,815
f Investment management fees	164,309		164,309	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	179,900	0	0	179,900
12 Advertising and promotion	741,574			741,574
13 Office expenses	52,584		21,033	31,551
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	66,344		26,538	39,806
17 Travel	22,091		8,836	13,255
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	19,805		7,922	11,883
20 Interest	2,970		1,188	1,782
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,730		3,492	5,238
23 Insurance	78,635		31,454	47,181
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 DUES AND SUBSCRIPTIONS	7,049		2,820	4,229
b DONOR AND EMPLOYEE RECOGNITION	2,790		1,116	1,674
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	12,163,392	9,414,764	813,122	1,935,506
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)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		97,895	1	373,406
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		14,406,281	3	15,007,605
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		36,221	8	41,650
	9	Prepaid expenses and deferred charges		114,458	9	125,732
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 512,989			
	b	Less accumulated depreciation	10b 473,253	66,542	10c	39,736
	11	Investments—publicly traded securities		37,450,110	11	38,479,449
	12	Investments—other securities See Part IV, line 11		14,597,619	12	20,135,886
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,420,183	15	14,868,453
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		80,189,309	16	89,071,917
Liabilities	17	Accounts payable and accrued expenses		247,028	17	431,907
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	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		2,246,314	25	2,126,602
	26	**Total liabilities.** Add lines 17 through 25		2,493,342	26	2,558,509
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		29,380,492	27	31,928,534
	28	Temporarily restricted net assets		30,126,179	28	32,645,421
	29	Permanently restricted net assets		18,189,296	29	21,939,453
		Organizations that do not follow SFAS 117 (ASC 958), 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		77,695,967	33	86,513,408
	34	Total liabilities and net assets/fund balances		80,189,309	34	89,071,917

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,237,655
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,163,392
3	Revenue less expenses Subtract line 2 from line 1	3	5,074,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,695,967
5	Net unrealized gains (losses) on investments	5	1,938,899
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,804,279
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,513,408

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 61-6027530
Name: THE CHILDREN'S HOSPITAL FOUNDATION INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN E DUBINS Board Secretary	1 00 0	X		X				0	0	0
PAUL OBERST Board Treasurer	1 00 0	X		X				0	0	0
PETER TEVEBAUGH Board Vice Chair	1 00 0	X		X				0	0	0
TONII RIZZO Immediate Past Chair (Partial Year)	1 00 0	X		X				0	0	0
WILLIAM J EHRIG Board Chair	1 00 0	X		X				0	0	0
AMY GARLOVE MD Trustee	1 00 0	X						0	0	0
ASHLEY NOVAK BUTLER Trustee	1 00 0	X						0	0	0
BRUCE DUDLEY Trustee	1 00 0	X						0	0	0
CINDI SHRADER Board Vice Chair	1 00 0	X						0	0	0
CONNIE HAYES-BADON Trustee	1 00 0	X						0	0	0
DANA BYNUM MAYTON Trustee (partial year)	1 00 0	X						0	0	0
DAVID BURIANEK Trustee (partial year)	1 00 0	X						0	0	0
DEBBIE WARD Trustee	1 00 0	X						0	0	0
DWAYNE MOORE Trustee (partial year)	1 00 0	X						0	0	0
EDDIE SMITH Trustee	1 00 0	X						0	0	0
ELAINE MORGAN Trustee	1 00 0	X						0	0	0
G HUNT ROUSAVALL Trustee	1 00 5 50	X						0	1,500	0
HOYT ALMOND Trustee	1 00 0	X						0	0	0
JACKIE CAIN Trustee Ex-Officio (partial yr)	1 00 0	X						0	0	0
JANE ALLEN Trustee	1 00 0	X						0	0	0
JIM LACY Trustee	1 00 0	X						0	0	0
JOSE NEIL DONIS Trustee	1 00 0	X						0	0	0
KAREN KEITH Trustee	1 00 0	X						0	0	0
KEITH JOHNSON Trustee	1 00 0	X						0	0	0
LEE ASHTON Trustee	1 00 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARITA WILLIS Trustee	1 00 0	X						0	0	0
MARTIN LAFFOON Trustee	1 00 0	X						0	0	0
MITCHEL DENHAM Trustee	1 00 0	X						0	0	0
NICOLE MOSELEY ARNP Trustee	1 00 0	X						0	0	0
PAMELA WILSON Trustee Ex-Officio (partial yr)	1 00 0	X						0	0	0
RICHARD S WOLF MD Trustee	1 00 3 50	X						0	1,500	0
ROBERT D EVANS Trustee	1 00 0	X						0	0	0
RONALD C OLIVER PHD Sys VP Mission & Outreach/Trustee	1 00 41 00	X						0	129,044	58,578
RYAN BRIDGEMAN Trustee	1 00 0	X						0	0	0
TERRIAN BARNES Trustee	1 00 0	X						0	0	0
THOMAS KMETZ Division President Women and Children Services/Trustee Ex-Officio	1 00 50 00	X						0	719,114	145,191
WAYNE MORTENSON DMD Trustee	1 00 0	X						0	0	0
MICHAEL W GOUGH Sys Sr VP CFO	1 00 49 00			X				0	1,050,457	484,459
ROBERT B AZAR Sys VP Chief Legal Officer	1 00 49 00			X				0	536,159	95,391
RUSSELL F COX President and COO	1 00 49 00			X				0	1,287,478	635,804
STEPHEN A WILLIAMS CEO	1 00 49 00			X				0	2,426,731	213,713
MARY LYNN MEYER Sys VP and CDO	16 00 34 00				X			287,170	209,526	96,335
ERIC SETO Director of Major Gifts	40 00 0					X		105,707	0	1,684
LESLIE SMART Sys Dir of Philanthropy	32 00 8 00					X		147,252	36,813	33,577
MARGARET MCCLAMROCH Director Grants	30 00 10 00					X		78,037	26,012	23,302
PHILIP BLOYD Sys Dir Major Gifts & Planning	16 00 24 00					X		64,483	96,725	25,540

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
61-6027530

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 - Non-functionally integrated

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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,842,185	10,205,908	10,989,148	10,716,644	11,155,619	51,909,504
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	8,842,185	10,205,908	10,989,148	10,716,644	11,155,619	51,909,504
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)						4,729,709
6 **Public support.** Subtract line 5 from line 4						47,179,795

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	8,842,185	10,205,908	10,989,148	10,716,644	11,155,619	51,909,504
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,407,449	1,272,821	1,520,286	1,665,293	1,462,595	7,328,444
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	760,437	854,098	1,495,654	1,458,033	1,699,523	6,267,745
11 **Total support** (Add lines 7 through 10)						65,505,693

12 Gross receipts from related activities, etc (see instructions) **12** 0

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	72 020 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	74 780 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10, Other Income	DESCRIPTION - GROSS INCOME FROM FUNDRAISING EVENTS, COLUMN A - 440269, COLUMN B - 511630, COLUMN C - 720968, COLUMN D - 767912, COLUMN E - 879648, COLUMN F - 3320427, DESCRIPTION - GROSS INCOME FROM GAMING, COLUMN A - 128167, COLUMN B - 146974, COLUMN C - 551503, COLUMN D - 405727, COLUMN E - 509090, COLUMN F - 1741461, DESCRIPTION - GROSS INCOME FROM SALE OF INVENTORY, COLUMN A - 192001, COLUMN B - 195494, COLUMN C - 223183, COLUMN D - 284394, COLUMN E - 310785, COLUMN F - 1205857,

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
61-6027530

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,654,016	5,455,638	5,732,854	5,233,333	2,014,868
b	Contributions	1,921,182	-81,927	-93,967	103,754	2,964,696
c	Net investment earnings, gains, and losses	469,142	366,316	-96,603	450,505	331,643
d	Grants or scholarships					
e	Other expenditures for facilities and programs	88,241	86,011	86,646	54,738	77,874
f	Administrative expenses					
g	End of year balance	7,956,099	5,654,016	5,455,638	5,732,854	5,233,333

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 96 000 %
- c Temporarily restricted endowment ▶ 4 000 %

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings		48,763	37,059	11,704
c Leasehold improvements				0
d Equipment		433,567	405,535	28,032
e Other		30,659	30,659	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				39,736

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) ALTERNATIVE INVESTMENT MASTER TRUST UNITS	15,961,518	F
(B) REAL ESTATE MASTER TRUST UNITES	4,174,368	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	20,135,886	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN OUTSIDE TRUSTS	14,718,937
(2) PROPERTY HELD FOR LIFE ESTATE	132,775
(3) INTERCOMPANY RECEIVABLE	16,741
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	14,868,453

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
REFUNDABLE ADVANCES	2,126,602
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,126,602

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	21,848,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,938,899		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	3,168,582		
e	Add lines **2a** through **2d**			2e	5,107,481
3	Subtract line **2e** from line **1**			3	16,740,654
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	164,309		
b	Other (Describe in Part XIII)	4b	332,692		
c	Add lines **4a** and **4b**			4c	497,001
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	17,237,655

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	13,030,694
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,031,611		
e	Add lines **2a** through **2d**			2e	1,031,611
3	Subtract line **2e** from line **1**			3	11,999,083
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	164,309		
b	Other (Describe in Part XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	164,309
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	12,163,392

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4, Intended uses of endowment funds	THE FOUNDATION UTILIZES INCOME GENERATED FROM ITS ENDOWMENT FUNDS TO SUPPORT VARIOUS PROGRAMS AND SERVICES AND CAPITAL PROJECTS FOR THE BENEFIT OF KOSAIR CHILDREN'S HOSPITAL AND ITS PATIENTS
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	NORTON HEALTHCARE, INC AND AFFILIATES (THE CHILDREN'S HOSPITAL FOUNDATION, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON ENTERPRISES, INC , NORTON HEALTHCARE FOUNDATION, INC , NORTON HOSPITAL, INC , AND NORTON PROPERTIES, INC ,) COMPLETED AN ANALYSIS OF ITS TAX POSITIONS AT DECEMBER 31, 2013 AND 2012, AND DETERMINED THAT NO UNCERTAIN TAX PROVISIONS WERE REQUIRED TO BE RECOGNIZED UNDER ACCOUNTING STANDARDS CODIFICATION 740, INCOME TAXES, IN THE COMBINED FINANCIAL STATEMENTS
SCHEDULE D, PART X, LINE 2, REFUNDABLE ADVANCES	REFUNDABLE ADVANCES OF $2,126,602 REPRESENT ASSETS TRANSFERRED FROM THE NORTON HEALTHCARE PETERSDORF FUND TO THE FOUNDATION DURING 2004 TO BENEFIT THE FOLLOWING PROGRAMS AT THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE RESEARCH FOR PEDIATRIC SLEEP DISORDERS - $1,000,000 PEDIATRIC ONCOLOGY ENDOWED CHAIR - 1,000,000 PEDIATRIC SUBSPECIALTY FELLOWSHIP PROGRAM - 126,602 TOTAL REFUNDABLE ADVANCES - $2,126,602 THE PRINCIPAL OF EACH FUND IS RESTRICTED FOR THE PEDIATRIC SLEEP DISORDER AND ONCOLOGY ENDOWED CHAIR FUNDS, IF EVER THE RESTRICTED PURPOSE CAN NO LONGER BE ACCOMPLISHED, DISTRIBUTIONS MANY BE USED FOR OTHER PURPOSES SO LONG AS THE PURPOSE FULFILLS THE REQUIREMENTS OF THE RESEARCH CHALLENGE TRUST FUND OTHERWISE, THE PRINCIPAL SHALL IMMEDIATELY REVERT TO THE NORTON HEALTHCARE PETERSDORF FUND FOR THE SUBSPECIALTY FELLOWSHIP PROGRAM, THE FUNDS WILL BE RETURNED TO THE PETERSDORF FUND FROM THE CHILDREN'S HOSPITAL FOUNDATION CAPITAL CAMPAIGN FOR KOSAIR CHILDREN'S HOSPITAL WHEN FUNDS ARE AVAILABLE
Schedule D, Part XI, Line 2d, Other revenues in audited financial statements not in form 990	SPECIAL EVENT COSTS - 868834, COST OF GOODS SOLD - 162777, CHANGE IN BENEFICIAL INTEREST IN TRUSTS HELD BY OTHERS - 1708754, AFFILIATE TRANSFER - 428217,
Schedule D, Part XI, Line 4b, Other revenues in form 990 not in audited financial statements	WRITE OFF OF PLEDGES DEEMED UNCOLLECTIBLE - 332692,
Schedule D, Part XII, Line 2d, Other expenses in audited financial statements not in form 990	COST OF GOOD SOLD - 162777, SPECIAL EVENT COSTS - 868834,

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
61-6027530

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** 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
1	SHEWMAKER CONSULTING LLC 2632 BYRON AVE LOUISVILLE, KY 40205	CHILDREN'S MIRACLE NETWORK FUNDRAISING		No	899,167	40,815	858,352
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					899,167	40,815	858,352

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

IN, KY

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 GOLF OUTING (event type)	(b) Event #2 FESTIVAL OF TREES AND LIGHTS (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	369,632	489,519	435,550	1,294,701
	2 Less Contributions	247,518	18,408	149,127	415,053
	3 Gross income (line 1 minus line 2)	122,114	471,111	286,423	879,648
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs			78,935	78,935
	7 Food and beverages	11,482	269,004	37,582	318,068
	8 Entertainment		10,990	4,398	15,388
	9 Other direct expenses	109,654	183,100	163,689	456,443
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(868,834)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				10,814

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			509,090	509,090
Direct Expenses	2 Cash prizes			10,000	10,000
	3 Non-cash prizes			278,376	278,376
	4 Rent/facility costs			0	0
	5 Other direct expenses			7,489	7,489
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				295,865
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				213,225

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

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	100 %

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

Name ▶ DEBORAH L HELD FINANCE DIRECTOR

Address ▶ 224 E BROADWAY FIFTH FLOOR
LOUISVILLE,KY 40202

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 ▶ NA

Gaming manager compensation ▶ $

Description of services provided ▶ SEE PART IV

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	(I) NAME OF FUNDRAISER SHEWMAKER CONSULTING LLC (I) ADDRESS OF FUNDRAISER 2632 BYRON AVENUE, LOUISVILLE, KY 40205
SCHEDULE G, PART I, LINE 2B(V), AGREEMENT WITH PROFESSIONAL FUNDRAISER	THE FOUNDATION HAS ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT WITH SHEWMAKER CONSULTING THE FOUNDATION MAKES A MONTHLY PAYMENT TO THE CONSULTING FIRM AS COMPENSATION FOR SERVICES PROVIDED FOR CHILDREN'S MIRACLE NETWORK (CMN) FUNDRAISING THE CONSULTANT MAINTAINS THE RELATIONSHIP WITH CMN, BUILDS AND MAINTAINS RELATIONSHIPS WITH SPONSORS AND MEDIA REPRESENTATIVES, COORDINATES RECOGNITION FOR SPONSORS AND DONORS, DEVELOPS STRATEGIC PLANNING FOR OUTREACH EFFORTS AND COORDINATES THE CMN RADIOTHON EVENT
SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED	SERVICES PERFORMED BY THE FOUNDATION STAFF INCLUDE ANNUAL LICENSE RENEWALS AND REPORTING TO THE GAMING COMMISSION, MANAGING THE SALE OF RAFFLE TICKETS, PRIZES AWARDED AND MARKETING OF RAFFLES CONDUCTED SERVICES PROVIDED BY THE ACCOUNTING DEPARTMENT INCLUDE MAINTAINING BOOKS AND RECORDS, MAKING DEPOSITS INTO THE CHARITABLE GAMING BANK ACCOUNT, PROCESSING DISBURSEMENT FOR GAMING EXPENSES AND PREPARING QUARTERLY FINANCIAL REPORTING TO THE GAMING COMMISSION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
61-6027530

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTON HOSPITALS INC 224 E BROADWAY FIFTH FLOOR LOUISVILLE,KY 40202	61-0703799	501 (C) (3)	8,408,113		N/A	N/A	FUNDING OF CAPITAL PROJECTS, PROGRAMS AND SERVICES
(2) NORTON HEALTHCARE INC 224 E BROADWAY FIFTH FLOOR LOUISVILLE,KY 40202	61-6027530	501 (C) (3)	309,992		N/A	N/A	FUNDING OF PROGRAMS AND SERVICES
(3) COMMUNITY MEDICAL ASSOCIATES INC 224 E BROADWAY FIFTH FLOOR LOUISVILLE,KY 40202	61-1276316	501 (C) (3)	260,000		N/A	N/A	FUNDING OF CAPITAL PROJECTS, PROGRAMS AND SERVICES
(4) U OF L FOUNDATION DEPT OF PEDIATRICS 571 S FLOYD STREET STE 300 LOUISVILLE,KY 40202	61-1029626	501 (C) (3)	161,351		N/A	N/A	FUNDING OF RESEARCH AND EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
(1) FINANCIAL SUPPORT TO PATIENTS WHO CANNOT AFFORD MEDICAL CARE	70	275,308		N/A	N/A

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

Return Reference	Explanation
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	ALL GRANT APPLICANTS ARE REQUIRED TO SUBMIT A GRANT APPLICATION TO THE FOUNDATION MANAGER OF FUNDS AND ESTATES THE GRANT IS REVIEWED BY FOUNDATION MANAGEMENT AND THEN SENT TO THE FINANCE AND GRANTS COMMITTEE FOR REVIEW AND APPROVAL SELECTION CRITERIA INCLUDES APPROPRIATENESS OF THE REQUEST, LEVEL OF NEED AND WHETHER THE REQUEST IS IN ALIGNMENT WITH THE FOUNDATION'S GOALS AND OBJECTIVES UPON APPROVAL, THE GRANT IS ENTERED INTO THE GRANT DATABASE AND THE FINANCIAL SYSTEM THE FOUNDATION OFFICE REQUIRES THAT A PROGRESS REPORT BE SUBMITTED MIDWAY THROUGH THE PROJECT, AND A FINAL REPORT IS REQUIRED AT THE END OF THE PROJECT FOR WHICH FUNDING IS RECEIVED GRANT REPORT DEADLINES AND GUIDELINES THAT EXPLAIN WHAT TO INCLUDE IN REPORTS WILL BE SENT TO THE PROJECT DIRECTOR/GRANTEE UPON GRANT AWARD NOTIFICATION GRANT REPORTS MUST INCLUDE AN ACCOUNTING OF FUNDS EXPENDED AND ENCUMBERED, INCLUDING SUPPORTING DOCUMENTATION GRANT RECIPIENTS WHO FAIL TO SUBMIT REPORTS OR ACCOUNT FOR THE EXPENSE OF GRANT FUNDS WILL NOT BE ALLOWED TO APPLY FOR FUTURE FUNDING UNTIL THE REPORTING REQUIREMENTS ARE MET

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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.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
61-6027530

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)RONALD C OLIVER PHD SYS VP MISSION & OUTREACH/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	108,549	0	20,495	37,607	20,971	187,622	16,680
(2)THOMAS KMETZ DIVISION PRESIDENT WOMEN AND CHILDREN SERVICES/TRUSTEE EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	456,438	159,272	103,404	122,392	22,799	864,305	58,520
(3)STEPHEN A WILLIAMS CEO	(i)	0	0	0	0	0	0	0
	(ii)	957,232	594,080	875,419	193,323	20,390	2,640,445	127,109
(4)RUSSELL F COX PRESIDENT AND COO	(i)	0	0	0	0	0	0	0
	(ii)	736,492	301,538	249,448	610,658	25,147	1,923,283	99,540
(5)MICHAEL W GOUGH SYS SR VP CFO	(i)	0	0	0	0	0	0	0
	(ii)	586,472	254,035	209,950	459,560	24,898	1,534,916	83,860
(6)ROBERT B AZAR SYS VP CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	369,824	128,247	38,089	86,464	8,927	631,551	0
(7)MARY LYNN MEYER SYS VP AND CDO	(i)	104,678	123,648	58,845	79,991	16,344	383,505	39,200
	(ii)	209,526	0	0	0	0	209,526	0
(8)PHILIP BLOYD SYS DIR MAJOR GIFTS & PLANNING	(i)	64,483	0	0	0	0	64,483	0
	(ii)	68,343	27,622	760	10,021	15,519	122,265	0
(9)LESLIE SMART SYS DIR OF PHILANTHROPY	(i)	95,605	50,886	760	11,538	22,038	180,829	0
	(ii)	36,813	0	0	0	0	36,813	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a, Tax indemnification and gross-up payments	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE TREATED AS TAXABLE COMPENSATION TO THE INTERESTED PERSONS LISTED BELOW AT TIME OF PAYMENT PAYMENTS ARE IN ACCORDANCE WITH EXISTING COMPENSATION POLICY GROSS-UP PAYMENTS SHALL BE MADE ONLY WHEN SPECIFIED IN AN EMPLOYEE'S EMPLOYMENT CONTRACT, OR AS APPROVED IN WRITING BY THE PRESIDENT AND CEO OF NORTON HEALTHCARE, EXECUTIVE VICE PRESIDENT OR CFO DURING 2013, GROSS-UP PAYMENTS WERE PROCESSED AS OUTLINED IN THE EMPLOYMENT CONTRACT FOR THE CEO SEE NARRATIVE PROVIDED IN SCHEDULE O, REFERENCING PART VI, LINE 15, WHICH DESCRIBES THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ANNUITY - THE ANNUITY REPRESENT ACCULUATED RETIREMENT BENEFITS EARNED RELATED TO A NON-QUALIFIED DEFINED BENEFIT PENSION RESTORATION PLAN IN EFFECT SINCE 1990 CONTRIBUTIONS TO THIS PLAN HAVE BEEN MADE EACH YEAR, BEGINNING IN 2005 THE TOTAL VALUE OF THIS YEAR'S BENEFIT IS $503,879, OF WHICH $225,367 WAS A GROSS-UP PAYMENT TO COVER THE APPLICABLE TAXES AND $278,512 WAS USED TO PURCHASE THE ANNUITY THE FULL VALUE OF THIS YEAR'S BENEFIT WAS INCLUDED IN 2013 TAXABLE COMPENSATION OF MR WILLIAMS DISABILITY COVERAGE (AND ASSOCIATED GROSS-UP) FOR MR WILLIAMS - DURING 2013 NET DISABILITY COVERAGE PREMIUMS TOTALED $30,921, AND THE ASSOCIATED GROSS-UP OF SUCH PREMIUMS TOTALED $25,095 THUS, THE TOTAL OF THESE AMOUNTS - $56,016 - WAS INCLUDED IN THE TAXABLE COMPENSATION OF MR WILLIAMS IN 2013
Schedule J, Part I, Line 1a, Discretionary spending account	DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE EXECUTIVES, EFFECTIVE OCTOBER 1, 2007 NORTON HEALTHCARE PROVIDES BENEFITS TO ITS IDENTIFIED EXECUTIVE STAFF TO PROVIDE A TOTAL COMPENSATION PACKAGE THAT IS COMPETITIVE WITH THE MARKET AND WHICH CONFORMS TO THE PHILOSOPHY AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES, THROUGH THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS THROUGH THE DISCRETIONARY SPENDING ACCOUNT POLICY, EXECUTIVES ARE FREE TO CHOOSE WHATEVER BENEFITS THEY FIND MOST USEFUL OR IMPORTANT TO THEM AND NORTON HEALTHCARE DOES NOT REIMBURSE FOR THE COST OF THOSE BENEFITS, AS THEY ARE PART OF THE DISCRETIONARY SPENDING ACCOUNT THE INTERESTED PERSONS LISTED BELOW RECEIVED THE BENEFIT OF A DISCRETIONARY SPENDING ACCOUNT IN 2013 STEPHEN A WILLIAMS - $58,120 RUSSELL F COX - 59,434 MICHAEL G GOUGH - 52,208 ROBERT B AZAR - 17,500 MARY LYNN MEYER - 17,500 THOMAS KMETZ - 17,500
Schedule J, Part I, Line 3, Arrangement used to establish the top management official's compensation	NORTON HEALTHCARE INC (NHI) EIN 61-1028725 IS THE PARENT ORGANIZATION FOR THE CHILDREN'S HOSPITAL FOUNDATION (CHF) AND THEREFORE ESTABLISHES COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES THROUGH ENGAGING WITH THE EXECUTIVE COMMITTEE OF NHI, AN INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT AGREEMENTS, THIRD PARTY COMPENSATION SURVEYS AND APPROVAL BY THE EXECUTIVE COMMITTEE AND BOARD SEE NARRATIVE IN SCHEDULE O, REFERENCING PART VI, LINE 15 WHICH FURTHER DESCRIBES THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F) THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS THE EXECU-FLEX BENEFIT PLAN, THE EXECU-PLUS BENEFIT PLAN, DEFINED BENEFIT AND DEFINED CONTRIBUTION RESTORATION PLANS, AND THE PHYSICIAN DEFERRED PLAN THE "PAY CREDIT" OUTLINED BELOW REPRESENTS A REASONABLE ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE OF THE PLANS, AND THEREFORE, REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO THE VALUE OF THE BENEFITS NAME - PAY CREDIT STEPHEN A WILLIAMS - $ 134,851 RUSSELL F COX - 593,016 MICHAEL W GOUGH - 441,391 ROBERT AZAR - 71,313 MARY LYNN MEYER - 61,430 RONALD OLIVER - 18,100 THOMAS KMETZ- 103,037 THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2013 AND CAN BE COMPRISED OF PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS NAME - PAYMENT RECEIVED STEPHEN A WILLIAMS - $ 232,232 RUSSELL F COX - 110,669 MICHAEL W GOUGH - 92,970 ROBERT AZAR- 0 MARY LYNN MEYER - 39,201 RONALD OLIVER - 18,863 THOMAS KMETZ - 64,130
Schedule J, Part I, Line 7, Non-fixed payments	IN 2013, NHI HAD IN PLACE A VARIABLE COMPENSATION PLAN FOR EXECUTIVES, ELIGIBILITY UNDER WHICH EXTENDED TO EMPLOYEES HOLDING A FULL-TIME POSITION AS SENIOR OFFICER, OFFICER, SYSTEM DIRECTOR OR OTHER DESIGNATED DIRECTOR LEVEL POSITION UNDER THE PLAN, A VARIABLE COMPENSATION POOL AMOUNT IS APPROVED BY THE BOARD OF TRUSTEES EACH PARTICIPANT'S PERFORMANCE IS EVALUATED RELATIVE TO THE GOALS AND OBJECTIVES DOCUMENTED AS PART OF THE PARTICIPANT'S PLAN, AND AN AWARD IS DETERMINED FOR THE PARTICIPANT, BASED ON ACHIEVEMENT OF THE GOALS AND OBJECTIVES, SUBJECT TO THE FUNDING OF THE VARIABLE COMPENSATION POOL AT THE END OF EACH YEAR, THE COMMITTEE ON EXECUTIVE COMPENSATION AND BENEFITS DETERMINES AN APPROPRIATE AWARD FOR THE NHI'S PRESIDENT & CHIEF EXECUTIVE OFFICER, AND THE PRESIDENT & CHIEF EXECUTIVE OFFICER RECOMMENDS APPROPRIATE AWARDS FOR OTHER SENIOR EXECUTIVES TO THE COMMITTEE ON EXECUTIVE COMPENSATION AND BENEFITS FOR ITS REVIEW AND APPROVAL

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 61-6027530
Name: THE CHILDREN'S HOSPITAL FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONALD C OLIVER PHD SYS VP MISSION & OUTREACH/TRUSTEE	(I) (II)	0 108,549	0 0	0 20,495	0 37,607	0 20,971	0 187,622	0 16,680
THOMAS KMETZ DIVISION PRESIDENT WOMEN AND CHILDREN SERVICES/TRUSTEE EX-OFFICIO	(I) (II)	0 456,438	0 159,272	0 103,404	0 122,392	0 22,799	0 864,305	0 58,520
STEPHEN A WILLIAMS CEO	(I) (II)	0 957,232	0 594,080	0 875,419	0 193,323	0 20,390	0 2,640,445	0 127,109
RUSSELL F COX PRESIDENT AND COO	(I) (II)	0 736,492	0 301,538	0 249,448	0 610,658	0 25,147	0 1,923,283	0 99,540
MICHAEL W GOUGH SYS SR VP CFO	(I) (II)	0 586,472	0 254,035	0 209,950	0 459,560	0 24,898	0 1,534,916	0 83,860
ROBERT B AZAR SYS VP CHIEF LEGAL OFFICER	(I) (II)	0 369,824	0 128,247	0 38,089	0 86,464	0 8,927	0 631,551	0 0
MARY LYNN MEYER SYS VP AND CDO	(I) (II)	104,678 209,526	123,648 0	58,845 0	79,991 0	16,344 0	383,505 209,526	39,200 0
PHILIP BLOYD SYS DIR MAJOR GIFTS & PLANNING	(I) (II)	64,483 68,343	0 27,622	0 760	0 10,021	0 15,519	64,483 122,265	0 0
LESLIE SMART SYS DIR OF PHILANTHROPY	(I) (II)	95,605 36,813	50,886 0	760 0	11,538 0	22,038 0	180,829 36,813	0 0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
61-6027530

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	66,514	MARKET VALUE
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	X	24	246,116	MARKET VALUE
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

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

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

Return Reference	Explanation
Schedule M, Part I, Explanations of reporting method for number of contributions	SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS REAL ESTATE - RESIDENTIAL NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 9, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 15, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
61-6027530

Return Reference	Explanation
FORM 990, PART V, LINE 1A, VENDORS REPORTED ON FORM 1096	NORTON HEALTHCARE, INC , EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC , NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON PROPERTIES, INC , NORTON HEALTHCARE FOUNDATION, INC AND THE CHILDREN'S HOSPITAL FOUNDATION, INC THEREFORE, ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY NORTON HEALTHCARE, INC ON BEHALF OF THESE NAMED ENTITIES FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2013 BY THE CHILDREN'S HOSPITAL FOUNDATION, INC WAS APPROXIMATELY 53 THE CHILDREN'S HOSPITAL FOUNDATION HAD 3 INDEPENDENT CONTRACTORS EXCEEDING $100,000 FOR 2013

Return Reference	Explanation
FORM 990, PART V, LINE 2A, EMPLOYEES REPORTED ON FORM W-3	NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR THE CHILDREN'S HOSPITAL FOUNDATION THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON HEALTHCARE, INC ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION THE CHILDREN'S HOSPITAL FOUNDATION HAS APPROXIMATELY 24 EMPLOYEES

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 6, Classes of members or stockholders	NORTON HEALTHCARE, INC EIN 61-1028725 IS THE SOLE MEMBER OF THE CHILDREN'S HOSPITAL FOUNDATION, INC

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7a, Members or stockholders electing members of governing body	ACCORDING TO SECTION 6 7(B) OF THE BYLAWS OF THE ORGANIZATION, THE NOMINATING COMMITTEE SUBMITS A SLATE OF CANDIDATES TO THE BOARD OF TRUSTEES, WHICH, ONCE APPROVED BY THE BOARD, IS SUBMITTED TO NORTON HEALTHCARE, INC FOR APPROVAL NORTON HEALTHCARE, INC IS NOT REQUIRED TO ELECT MEMBERS TO THE BOARD OF TRUSTEES FROM THE SLATE, HOWEVER, IF NORTON HEALTHCARE, INC DOES NOT, THE NOMINATING COMMITTEE SHALL RECONVENE AND, AFTER GOING THROUGH THE SAME PROCESS, SUBMIT A NEW SLATE TO NORTON HEALTHCARE, INC FOR THOSE CANDIDATES NOT ELECTED

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7b, Decisions requiring approval by members or stockholders	ACCORDING TO ARTICLE 3 OF THE BYLAWS OF THE ORGANIZATION, NORTON HEALTHCARE, INC IS THE SOLE MEMBER OF THE ORGANIZATION NORTON HEALTHCARE, INC HAS THE POWER TO APPROVE THE ELECTION OF MEMBERS TO THE BOARD OF TRUSTEES, AND, AS SOLE MEMBER OF THE ORGANIZATION, POSSESSES ALL OTHER RIGHTS CONFERRED UPON MEMBERS PURSUANT TO THE KENTUCKY NONPROFIT CORPORATION ACTS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	AN ELECTRONIC COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES) WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY ON OCTOBER 15, 2014, PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY ANNUALLY DISTRIBUTING A QUESTIONNAIRE THAT REQUIRES OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES TO DISCLOSE INTERESTS THAT MAY GIVE RISE TO CONFLICTS IF A CONFLICT ARISES, THE POLICY PROVIDES PROCEDURES FOR ADDRESSING CONFLICTS TO ENSURE DECISIONS ARE MADE IN THE BEST INTEREST OF THE ORGANIZATION

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	THE ORGANIZATION TAKES ALL NECESSARY STEPS TO ENSURE THAT COMPENSATION FOR ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES IS REASONABLE AND APPROPRIATE FOR THE SERVICES PROVIDED TO THE ORGANIZATION THE ORGANIZATION PROVIDES A TOTAL COMPENSATION PACKAGE THAT IS ON PAR WITH COMPENSATION PROVIDED BY SIMILAR ORGANIZATIONS AND WHICH CONFORMS TO THE POLICIES AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES NORTON HEALTHCARE, INC (NHI) ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES (IHS), TO PROVIDE COMPARABILITY DATA FOR NHI'S OFFICERS AND KEY EMPLOYEES ON TOTAL COMPENSATION FOR SIMILAR POSITIONS AT HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS SIMILAR IN SIZE, SCOPE OF SERVICES, AND CIRCUMSTANCES IN ADDITION, THE ORGANIZATION PARTICIPATES IN THIRD PARTY SURVEYS WHICH PROVIDE AGGREGATE, COMPARATIVE COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS IHS CONSULTANTS PRESENTED AND DISCUSSED THIS COMPARABILITY DATA IN 2012 FOR THE 2013 COMPENSATION REVIEW AND MET IN 2013 FOR THE 2014 COMPENSATION REVIEW WITH THE COMMITTEE OF BOARD LEADERSHIP (NOW EXECUTIVE COMMITTEE) OF THE BOARD OF TRUSTEES (BOARD) THE COMMITTEE REVIEWED THE EXECUTIVE COMPENSATION AND BENEFITS PROGRAM, DETERMINED TOTAL COMPENSATION FOR THE CEO, AND APPROVED COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES THE COMMITTEE REVIEWED NHI'S VARIABLE COMPENSATION PROGRAM AND DETERMINED APPROPRIATE AWARDS FOR PERFORMANCE RELATIVE TO GOALS SET FOR THE YEAR AFTER THE COMMITTEE DETERMINED APPROPRIATE COMPENSATION AND BENEFITS FOR OFFICERS AND KEY EMPLOYEES, THE BOARD APPROVED THEIR TOTAL COMPENSATION EMPLOYMENT CONTRACTS FOR THE CEO, COO, AND CFO AND KEY EMPLOYEES ARE SIGNED, AND REVIEWED AS NECESSARY

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	SEE NARRATIVE ABOVE FOR LINE 15A

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (E), REPORTABLE COMPENSATION	NORTON HEALTHCARE, INC (NHI) AND AFFILIATES (NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON PROPERTIES, INC , THE CHILDREN'S HOSPITAL FOUNDATION, INC AND NORTON HEALTHCARE FOUNDATION, INC) ENCOURAGES AND FACILITATES BOARD MEMBER ATTENDANCE AT EDUCATIONAL PROGRAMS AND CONFERENCES ON SUBJECTS RELEVANT TO NHI NHI'S TRAVEL POLICY FOR BOARD OF TRUSTEES PROVIDES THAT FOR EACH TRUSTEE THAT ATTENDS AT LEAST ONE OUT OF TOWN EDUCATIONAL CONFERENCE, A LUMP SUM STIPEND WILL BE PAID TO COVER UNREIMBURSED TRAVEL EXPENSE AND OTHER MISCELLANEOUS EXPENSES ASSOCIATED WITH CONFERENCE PREPARATION, ATTENDANCE OR FOLLOW UP IN COMPLIANCE WITH IRS REGULATIONS, NHI PROVIDES A FORM 1099 TO ANY TRUSTEE THAT RECEIVES A STIPEND THESE AMOUNTS HAVE BEEN REPORTED IN PART VII OR THE FORM 990 AS REPORTABLE COMPENSATION TO THE TRUSTEE RECEIVING STIPENDS IN 2013

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	AFFILIATE TRANSFERS - 428217, CHANGE IN BENEFICIAL INEREST IN TRUSTS HELD BY OTHER - 1708754, WRITE OFF OF PLEDGES DEEMED UNCOLLECTIBLE - -332692,

Return Reference	Explanation
FORM 990, PART XII, LINE 3B, OMB CIRCULAR A-133 AUDIT	AS REQUIRED BY THE U S OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133, AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS, IN 2013 NORTON HEALTHCARE, INC AND AFFILIATES (NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON ENTERPRISES, INC , NORTON HEALTHCARE FOUNDATION, INC , NORTON PROPERTIES, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION) RECEIVED AN AUDIT IN ACCORDANCE WITH SINGLE AUDIT ACT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
61-6027530

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) NORTON HEALTHCARE INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1028725	PROVIDE ADMINISTRATIVE AND SUPPORT SERVICES	KY	501(C)(3)	11 - Type II	NA		No
(2) NORTON HOSPITALS INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-0703799	PROVIDE HOSPITAL SERVICES	KY	501(C)(3)	3	NHI		No
(3) COMMUNITY MEDICAL ASSOCIATES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1276316	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)(3)	9	NHI		No
(4) NORTON PROPERTIES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1028724	MAINTAINS OFFICE AND PARKING FACILITIES	KY	501(C)(3)	11 - Type I	NHI		No
(5) NORTON HEALTHCARE FOUNDATION INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 31-0914919	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NHI		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (6)	INVESTMENTS	KY	NA	TRUST					
(2) CHARITABLE LEAD TRUST (1)	INVESTMENTS	KY	NA	TRUST					

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation