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
Phoenix Children's Hospital Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
1919 E Thomas Road
Suite

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85016

D Employer identification number
74-2421549

E Telephone number
(602) 933-4483

G Gross receipts $ 28,027,581

F Name and address of principal officer
Steven S Schnall
1919 E Thomas Road
Phoenix, AZ 85016

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 PHOENIXCHILDRENS COM

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

L Year of formation 1986 M State of legal domicile AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SUPPORT PHOENIX CHILDREN'S HOSPITAL, A RELATED TAX-EXEMPT ORGANIZATION

2 Check this box ▶☐ 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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	2,400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	23,210,964	24,370,642
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-197,466	911,223
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	126,993	-441,115
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,140,491	24,840,750
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,476,626	8,904,645
	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)	3,089,594	3,146,562
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,084,509		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,445,027	2,303,775
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,011,247	14,354,982
	19	Revenue less expenses Subtract line 18 from line 12	10,129,244	10,485,768

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	83,980,350	96,101,648
	21	Total liabilities (Part X, line 26)	390,202	326,288
	22	Net assets or fund balances Subtract line 21 from line 20	83,590,148	95,775,360

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2014-11-04

▶ DENNIS V BRUNS VP, Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRENDA D GRIESEMER				P00264669

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ TWO NORTH CENTRAL AVENUE STE 2300
PHOENIX, AZ 85004 — Phone no

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

SEE SCHEDULE O

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 $ 8,904,645 including grants of $ 8,904,645) (Revenue $ 0)

SEE SCHEDULE O

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

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** ▶ 8,904,645

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**		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	**6**	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *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**		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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**		No
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**		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		No
20a	Did the organization operate one or more 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)*

			Yes	No
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		No
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		No
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	Yes	
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	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		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		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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	15			
	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	13			
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		No
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		No
b	Other officers or key employees of the organization	15b		No
	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 ▶AZ

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

☐ 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

▶Dennis Bruns 1919 E THOMAS ROAD
Phoenix, AZ 85016 (602) 512-8132

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

Check if Schedule O contains a response 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ROBERT L MEYER DIRECTOR/PRES & CEO OF PCH	1 0 43 0	X		X				0	2,301,053	45,936
(2) STEVEN S SCHNALL DIR /SR VP & CHIEF DEV OFFICER	40 0 0 0	X		X				0	464,100	73,829
(3) LARRY CLEMMENSEN DIRECTOR/CHAIRMAN	1 0 1 0	X		X				0	0	0
(4) SCOTT REHORN DIRECTOR/VICE CHAIRMAN	1 0 0 0	X		X				0	0	0
(5) SHEILA ZUIEBACK DIRECTOR/SECRETARY/TREASURER	1 0 0 0	X		X				0	0	0
(6) Taylor Burke DIRECTOR	1 0 0 0	X						0	0	0
(7) Greg Kruzel DIRECTOR	1 0 0 0	X						0	0	0
(8) Richard Kuhle DIRECTOR	1 0 0 0	X						0	0	0
(9) MARK LOVE DIRECTOR	1 0 0 0	X						0	0	0
(10) Manny Molina DIRECTOR	1 0 0 0	X						0	0	0
(11) Johnathon Pinkus DIRECTOR	1 0 0 0	X						0	0	0
(12) Frank Placenti DIRECTOR	1 0 0 0	X						0	0	0
(13) DAVID RALSTON DIRECTOR	1 0 0 0	X						0	0	0
(14) BRIAN SWARTZ DIRECTOR	1 0 1 0	X						0	0	0
(15) DAVID WATSON DIRECTOR	1 0 0 0	X						0	0	0
(16) JESSICA MARTIN FOUNDATION DIRECTOR	40 0 0 0					X		0	133,130	12,603
(17) WILLIAM W MANDEVILLE DIRECTOR, CORPORATE/BIZ GIVING	40 0 0 0					X		0	122,916	29,628

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) KELLY LANE DIRECTOR, DONOR RELATIONS	40 0 0 0					X		0	118,137	10,201
(19) CHRIS SAR DIRECTOR, PLANNED GIFTS	40 0 0 0					X		0	105,021	37,602
(20) SUSAN MARTZ MAJOR GIFTS OFFICER	40 0 0 0					X		0	100,381	14,108

		(D)	(E)	(F)
1b	**Sub-Total** . . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	0	3,344,738	223,907

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

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

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 ▶0

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**	397,775				
	b Membership dues **1b**					
	c Fundraising events **1c**	6,954,554				
	d Related organizations . . . **1d**					
	e Government grants (contributions) **1e**					
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	17,018,313				
	g Noncash contributions included in lines 1a-1f $	22,594				
	h Total. Add lines 1a-1f . . . . ▶		24,370,642			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f . . . . ▶		0			

		(i) Real	(ii) Personal	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . ▶			863,262			863,262
	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	2,390,320					
	b Less cost or other basis and sales expenses	2,342,359					
	c Gain or (loss)	47,961					
	d Net gain or (loss) . . . . ▶			47,961			47,961
	8a Gross income from fundraising events (not including $ 6,954,554 of contributions reported on line 1c) See Part IV, line 18 . . **a**		394,436				
	b Less direct expenses . . . **b**		844,472				
	c Net income or (loss) from fundraising events . . ▶			-450,036			-450,036
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**						
	b Less direct expenses . . . **b**						
	c Net income or (loss) from gaming activities . . ▶			0			
	10a Gross sales of inventory, less returns and allowances . **a**						
	b Less cost of goods sold . . **b**						
	c Net income or (loss) from sales of inventory . . ▶			0			
	Miscellaneous Revenue		Business Code				
	11a All other revenue		900099	8,921	0	0	8,921
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d . . . . ▶			8,921			
	12 Total revenue. See Instructions . . . . . ▶			24,840,750	0	0	470,108

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	8,904,645	8,904,645		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,592,137	0	774,729	1,817,408
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	0	0	0
7 Other salaries and wages	0		0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	374,755	0	112,455	262,300
10 Payroll taxes	179,670	0	40,638	139,032
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	827,403	0	91,384	736,019
12 Advertising and promotion	388,289	0	1,468	386,821
13 Office expenses	678,933	0	176,730	502,203
14 Information technology	70,481	0	67,271	3,210
15 Royalties . .	0	0	0	0
16 Occupancy	2,116	0	2,116	0
17 Travel	55,888	0	22,970	32,918
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0	0	0	0
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 SPECIAL EVENTS - DEVELOPMENT	229,416	0	24,848	204,568
b DUES	51,249	0	51,219	30
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	14,354,982	8,904,645	1,365,828	4,084,509
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			36,661,520	1	43,966,704
	2	Savings and temporary cash investments			6,397,694	2	6,673,989
	3	Pledges and grants receivable, net			14,047,254	3	13,676,419
	4	Accounts receivable, net			0	4	0
	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			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			407,270	9	323,345
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	0			
	b	Less accumulated depreciation	10b	0	0	10c	0
	11	Investments—publicly traded securities			13,127,925	11	14,946,924
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			13,338,687	15	16,514,267
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			83,980,350	16	96,101,648
Liabilities	17	Accounts payable and accrued expenses			105,014	17	87,439
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	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			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			285,188	25	238,849
	26	**Total liabilities.** Add lines 17 through 25			390,202	26	326,288
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			47,502,637	27	50,255,888
	28	Temporarily restricted net assets			29,052,980	28	37,301,296
	29	Permanently restricted net assets			7,034,531	29	8,218,176
		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			83,590,148	33	95,775,360
	34	Total liabilities and net assets/fund balances			83,980,350	34	96,101,648

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	24,840,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,354,982
3	Revenue less expenses Subtract line 2 from line 1	3	10,485,768
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83,590,148
5	Net unrealized gains (losses) on investments	5	1,699,444
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,775,360

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	

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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
Phoenix Children's Hospital Foundation

Employer identification number
74-2421549

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

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

1 ☐ A church, convention of churches, or association of churches 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? Yes	No	**(v)** Did you notify the organization in col **(i)** of your support? Yes	No	**(vi)** Is the organization in col **(i)** organized in the U S ? Yes	No	**(vii)** Amount of monetary support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	16,821,148	17,654,732	18,478,193	23,210,964	27,680,652	103,845,689
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	16,821,148	17,654,732	18,478,193	23,210,964	27,680,652	103,845,689
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)						4,587,075
6 **Public support.** Subtract line 5 from line 4						99,258,614

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	16,821,148	17,654,732	18,478,193	23,210,964	27,680,652	103,845,689
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,135,177	981,973	888,376	956,931	863,262	4,825,719
9 Net income from unrelated business activities, whether or not the business is regularly carried on				101,728		101,728
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				25,265	8,921	34,186
11 **Total support** (Add lines 7 through 10)						108,807,322

12 Gross receipts from related activities, etc (see instructions) — 12 — 2,248,050

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 — 91 224 %

15 Public support percentage for 2012 Schedule A, Part II, line 14 — 15 — 85 177 %

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	MISCELLANEOUS REVENUE

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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
Phoenix Children's Hospital Foundation

Employer identification number
74-2421549

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	3,946,469	

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	7,034,531	4,748,000	3,676,192	3,626,192	3,175,694
b	Contributions	231,521	1,387,385	1,071,808	50,000	405
c	Net investment earnings, gains, and losses	952,124	899,146			450,093
d	Grants or scholarships					0
e	Other expenditures for facilities and programs					0
f	Administrative expenses					0
g	End of year balance	8,218,176	7,034,531	4,748,000	3,676,192	3,626,192

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶ 0 %

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				

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		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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) DUE FROM PHOENIX CHILDREN'S	0
(2) HOSPITAL	16,514,267
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	16,514,267

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
ANNUITY PAYABLE	238,849
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	238,849

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

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	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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	PHOENIX CHILDREN'S HOSPITAL FOUNDATION'S ENDOWMENT FUNDS WILL BE USED TO PROVIDE ON-GOING OUTSTANDING PEDIATRIC CARE TO CHILDREN BY ENABLING PHOENIX CHILDREN'S HOSPITAL TO OFFER THE VERY BEST TECHNOLOGY, PROGRAMS AND MEDICAL SPECIALISTS ENDOWMENT FUNDS WILL BE USED TO SUPPORT PHOENIX CHILDREN'S HOSPITAL PROGRAMS INCLUDING (1) THE CHILDREN'S NEUROSCIENCES INSTITUTE, (2) THE CENTER FOR CANCER AND BLOOD DISORDERS, (3) CAMP RAINBOW (A CAMP FOR CHILDREN WITH DIABETES, HEMOPHILIA AND KIDNEY DISEASE), (4) THE CENTER FOR PEDIATRIC ORTHOPEDICS, PULMONARY AND CYSTIC FIBROSIS, (5) PEDIATRIC RHEUMATOLOGY AND (6) PEDIATRIC ONCOLOGY
Schedule D, Part X, Line 2	MANAGEMENT IS OF THE OPINION THAT SUBSTANTIALLY ALL OF THE HOSPITAL'S, FOUNDATION'S, CAPTIVE'S, AND PHOENIX CHILDREN'S CARE NETWORK'S ACTIVITIES ARE RELATED TO THEIR EXEMPT PURPOSES, AND NO MATERIAL UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED OR RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31, 2013 OR 2012

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
Phoenix Children's Hospital Foundation

Employer identification number
74-2421549

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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	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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . ▶							

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

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

			(a) Event #1 BEACHBALL 2013 (event type)	(b) Event #2 RADIOTHON 2013 (event type)	(c) Other events 12 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	960,381	4,280,947	2,107,662	7,348,990
	2	Less Contributions	708,335	4,215,352	2,030,867	6,954,554
	3	Gross income (line 1 minus line 2)	252,046	65,595	76,795	394,436
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	8,589	18,707	4,207	31,503
	6	Rent/facility costs	186,909		27,900	214,809
	7	Food and beverages	3,218	6,033	14,809	24,060
	8	Entertainment	51,769	21,034	81,894	154,697
	9	Other direct expenses	65,026	299,324	55,053	419,403
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(844,472)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				-450,036

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

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

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

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

b If "No," explain ______

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

b If "Yes," explain ______

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶ 1919 E THOMAS ROAD
PHOENIX,AZ 85016

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law 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 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
Phoenix Children's Hospital Foundation

Employer identification number
74-2421549

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) Phoenix Children's Hospital 1919 E Thomas Road Phoenix, AZ 85016	86-0422559	501(C)(3)	8,904,645	0			HOSPITAL SUPPORT

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

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

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

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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
Phoenix Children's Hospital Foundation

Employer identification number
74-2421549

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**		
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**		
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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)ROBERT L MEYER DIRECTOR/PRES & CEO OF PCH	(i)	0	0	0	0	0	0	0
	(ii)	881,467	1,157,426	262,160	23,000	22,936	2,346,989	233,618
(2)STEVEN S SCHNALL DIR /SR VP & CHIEF DEV OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	284,192	159,813	20,095	53,021	20,808	537,929	0
(3)WILLIAM W MANDEVILLE DIRECTOR, CORPORATE/BIZ GIVING	(i)	0	0	0	0	0	0	0
	(ii)	99,365	23,393	158	4,139	25,489	152,544	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, LINES 1-3	TOP MANAGEMENT COMPENSATION IS SUBJECT TO REVIEW AND DETERMINATION BY THE COMPENSATION COMMITTEE OF THE RELATED EXEMPT ORGANIZATION, PHOENIX CHILDREN'S HOSPITAL (PCH) OTHER EMPLOYEES ARE SUBJECT TO THE HUMAN RESOURCE POLICIES, INCLUDING COMPENSATION ARRANGEMENTS, OF PCH THIS ENTITY DOES NOT HAVE ANY DIRECT EMPLOYEES ALL PAYROLL IS CENTRALIZED THROUGH A RELATED EXEMPT ORGANIZATION, PHOENIX CHILDREN'S HOSPITAL (PCH)(EIN 86-0422559) SALARY EXPENSE REPORTED ON FORM 990, PART IX, LINES 5 AND 7 REPRESENTS AN ALLOCATION OF SALARIES AND WAGES PAID BY PCH THE FORM 941 REPORTING THESE SALARIES AND WAGES IS FILED UNDER THE PCH EIN SCHEDULE J, PART I, LINE 4B PHOENIX CHILDREN'S HOSPITAL (PCH) OFFERS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO CERTAIN EXECUTIVES OF THE ORGANIZATION ELIGIBLE PARTICIPANTS ARE SELECTED BY THE PCH BOARD OF DIRECTORS PARTICIPANT VESTING OCCURS UPON RETIREMENT, DISABILITY BEFORE SEPARATION, INVOLUNTARY SEPARATION (OTHER THAN FOR CAUSE) OR DEATH THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE SERP PLAN DURING 2013 AND THE DEFERRED COMPENSATION AMOUNT IS INCLUDED IN PART II, COLUMN (C) STEVEN S SCHNALL THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE SERP PLAN AND RECEIVED A TAXABLE SERP PAYOUT DURING 2013 THAT IS INCLUDED IN PART II, COLUMN (B)(III) ROBERT L MEYER - $233,618
SCHEDULE J, PART I, LINE 7	ROBERT MEYER WAS ELIGIBLE FOR THE DISCRETIONARY INCENTIVE PLAN OF PHOENIX CHILDREN'S HOSPITAL (PCH), A RELATED ORGANIZATION, IN WHICH ONE OF THE PERFORMANCE MEASURES OF EBIDA FOR PCH A SECOND PERFORMANCE MEASURE WAS THE TOTAL FUNDRAISING RESULTS OF PHOENIX CHILDREN'S HOSPITAL FOUNDATION THIS INCENTIVE PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE STEVE SCHNALL, WILLIAM MANDEVILLE, JESSICA MARTIN, KELLY LANE, CHRIS SAR AND SUSAN MARTZ WERE ALSO ELIGIBLE FOR A DISCRETIONARY INCENTIVE PLAN OF PCH

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
Phoenix Children's Hospital Foundation

Employer identification number
74-2421549

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

Return Reference	Explanation	
	FORM 990, PART III, LINE 1	PHOENIX CHILDREN'S HOSPITAL FOUNDATION SUPPORTS PHOENIX CHILDREN'S HOSPITAL THROUGH FUNDRA ISING ENSURING THAT THE HOSPITAL CONTINUES TO STAY ON THE LEADING EDGE OF PEDIATRIC MEDICI NE AND IS EQUIPPED TO FULFILL ITS MISSION OF DELIVERING HOPE, HEALING AND THE BEST CARE FO R CHILDREN AND FAMILIES FORM 990, PART III, LINE 4A PHOENIX CHILDREN'S HOSPITAL FOUNDATIO N (THE FOUNDATION) WAS ESTABLISHED TO SOLICIT GIFTS AND GRANTS, MANAGE FUNDRAISING, AND PR OVIDE OTHER PHILANTHROPIC SUPPORT FOR PHOENIX CHILDREN'S HOSPITAL (PCH), WHICH IS THE SOLE STATUTORY MEMBER OF THE FOUNDATION PHOENIX CHILDREN'S HOSPITAL (PCH) IS ARIZONA'S ONLY L ICENSED NONPROFIT CHILDREN'S HOSPITAL PROVIDING CARE IN MORE THAN 70 PEDIATRIC SPECIALTIES TO THE STATE'S PEDIATRIC PATIENTS SIX CENTERS OF EXCELLENCE AT PCH OFFER INTERDISCIPLINA RY CARE. (1) THE CENTER FOR CANCER AND BLOOD DISORDERS, (2) THE CHILDREN'S HEART CENTER, (3) THE CHILDREN'S NEUROSCIENCES INSTITUTE, (4) THE CENTER FOR PEDIATRIC ORTHOPAEDICS, (5) TRAUMA AND (6) THE NEWBORN INTENSIVE CARE UNIT (NICU) PCH IS ONE OF THE 10 LARGEST FREEST ANDING CHILDREN'S HOSPITALS IN THE UNITED STATES ON NUMBER OF BEDS AND IS THE SINGLE LARGE ST PROVIDER OF PEDIATRIC SERVICES TO LOW-INCOME CHILDREN IN ARIZONA, 52% PERCENT OF PATIEN TS IN 2013 WERE MEDICAID BENEFICIARIES PCH DELIVERS ON ITS MISSION TO PROVIDE HOPE, HEALI NG, AND THE BEST CARE FOR CHILDREN AND FAMILIES BY PROVIDING ACCESS TO THE MOST ADVANCED S PECIALTY AND SUBSPECIALTY PEDIATRIC CARE IN ARIZONA PCH EXTENDS THIS MISSION BEYOND OUR P ATIENT POPULATION BY DELIVERING DIRECT FUNDING, PROGRAM SUPPORT, HEALTHCARE EXPERTISE, AND OTHER RESOURCES TO THE MOST VULNERABLE MEMBERS OF OUR COMMUNITY AND TO THE COMMUNITY AT L ARGE. THE FOLLOWING DESCRIBES PCH'S SIX CENTERS OF EXCELLENCE AND OTHER MEDICAL SERVICES (1) CENTER FOR CANCER AND BLOOD DISORDERS WITH 17 SUBSPECIALTY-TRAINED PHYSICIANS PROVIDI NG EXPERT CARE IN THE AREAS OF BLOOD AND MARROW TRANSPLANT, NEURO-ONCOLOY, HEMATOLOGY, SOL ID TUMORS, SURVIVORSHIP, EARLY DRUG DEVELOPMENT AND LIQUID TUMORS, THE CENTER FOR CANCER A ND BLOOD DISORDERS IS THE STATE'S ONLY TREATMENT PROGRAM FULLY DEDICATED TO PEDIATRIC PATI ENTS IN 2013 THE CENTER'S CLINICAL TEAM ATTENDED TO 17,458 APPOINTMENTS ALONG WITH APPOI NTMENTS, HOPE HAS NEVER BEEN GREATER, THANKS TO EFFECTIVE TREATMENTS FOR MANY OF THESE DEA DLY DISEASES AMONG THESE TREATMENTS IS BLOOD AND MARROW TRANSPLANT BETWEEN 2007 AND 2013 , THE CENTER ADMINISTERED 146 MARROW TRANSPLANTS (2) CHILDREN'S HEART CENTER THE CHILDRE N'S HEART CENTER BECAME THE NATION'S FIFTH LARGEST PROGRAM OF ITS KIND WHEN THE STRATEGIC ALLIANCE TRANSACTION UNITED PCH AND ST JOSEPH'S HOSPITAL MEDICAL CENTER'S PEDIATRIC PROGR AMS THE CENTER OFFERS A FULL ARRAY OF RELATED DIAGNOSTIC AND TREATMENT OPTIONS THAT INCLU DE INVASIVE AND NON-INVASIVE CARDIOTHORACIC SERVICES WITH EXPERTISE IN CARDIAC-SPECIFIC AN ESTHESIA AND INTENSIVE CARE. HOME TO THE STATE'S ONLY TWO PEDIATRIC-DEDICATED CARDIAC CATH ETERIZATION FACILITIES, THE CENTER'S SPACE IN THE NEW TOWER INCLUDES A 24 BED CARDIOVASCUL AR INTENSIVE CARE UNIT STAFFED BY SPECIALLY TRAINED PERSONNEL WHO HAVE ACCESS TO CUTTING-E DGE CARDIAC THERAPIES LIKE EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO), A TYPE OF HEART-LUN G BYPASS FOR YOUNG PATIENTS ADDITIONALLY, THE HEART CENTER HAS RECEIVED CERTIFICATION THR OUGH UNOS FOR A PEDIATRIC HEART TRANSPLANT PROGRAM (3) CHILDREN'S NEUROSCIENCE INSTITUTE. IN ADDITION TO THE COMPREHENSIVE CARE IT PROVIDES CHILDREN WITH NEUROLOGICAL AND BEHAVIOR AL CONDITIONS, THE CHILDREN'S NEUROSCIENCE INSTITUTE WAS ALSO ACTIVE IN RESEARCH DAVID AD ELSON, MD, FACS, FAAP, DIRECTOR OF THE INSTITUTE, ALONG WITH OTHER RESEARCHERS, WAS AWARDE D A THREE YEAR GRANT FOR THE DEVELOPMENT OF A BRAIN-COMPUTER INTERFACE, A TECHNOLOGY THAT REACHED A MAJOR MILESTONE IN 2011 WHEN IT COMPLETED IT VERY FIRST BRAIN-COMPUTER INTERFACE SURGERY, A CUTTING EDGE PROCEDURE AIMED AT HELPING PATIENTS WITH NEUROLOGICAL DISORDERS U SE THE POWER OF THEIR BRAIN TO CREATE MOVEMENT (4) CENTER FOR PEDIATRIC ORTHOPAEDICS PHO ENIX CHILDREN'S CENTER FOR PEDIATRIC ORTHOPAEDICS IS DEDICATED TO OFFERING THE MOST COMPRE HENSIVE, STATE-OF-THE-ART CARE FOR CHILDREN WHO HAVE EXPERIENCED MUSCULOSKELETAL INJURY OR ARE LIVING WITH RELATED DISEASES OR CONDITIONS THE GROUP IS COMPOSED OF SIX FELLOWSHIP-T RAINED PHYSICIANS WHO PROVIDE ORTHOPAEDIC SURGICAL AND NON-SURGICAL CARE THROUGH A VARIETY OF CLINICS TO CHILDREN AND TEENS WITH FRACTURES, HIP DISORDERS, MUSCULAR DYSTROPHY, SPINA L DEFORMITIES AND CLUBFOOT ALSO, THE PCH SPORTS MEDICINE PROGRAM PROVIDES SURGICAL AND NO N-SURGICAL CARE TO YOUNG ATHLETES WHO HAVE EXPERIENCED INJURY DURING PHYSICAL ACTIVITY TH E PROGRAM ALSO ADDED A PRIMARY CARE SPORTS MEDICINE PHYSICIAN TO ITS TEAM WHO, IN ADDITION TO CARING FOR BONE AND JOINT INJURIES, ALSO SPECIALIZES IN TREATING ATHLETES WITH SPORTS- INDUCED CONCUSSION AS THE CENTER FOR PEDIATRIC ORTHOPAEDICS GROWS, THE GROUP PLANS TO ADD PROGRAMS FOR SPINA BIFIDA, MUSCULOSKELETAL TUMORS

Return Reference	Explanation	
	FORM 990, PART III, LINE 1	, CEREBRAL PALSY AND A GAIT LAB

Return Reference	Explanation	
	(5) LEVEL 1 PEDIATRIC TRAUMA CENTER	TRAUMATIC INJURIES KILL MORE CHILDREN IN ARIZONA BETWEEN THE AGES OF 1 AND 14 THAN ANY OTH ER CAUSE IN RESPONSE TO THIS SOBERING STATISTIC, PCH CREATED ITS AMERICAN COLLEGE OF SURG EONS (ACS) - VERIFIED LEVEL 1 PEDIATRIC TRAUMA CENTER IN 2008, WHERE PHYSICIANS REPRESENTI NG MORE THAN 12 SUBSPECIALTIES AND OTHER HIGHLY TRAINED MEDICAL PROFESSIONALS STAND AT THE READY TO PROVIDE LIFE-SAVING TREATMENT TO SERIOUSLY INJURED CHILDREN AND TEENS WHY IS IT SO IMPORTANT TO HAVE THIS RESOURCE IN ARIZONA? STUDIES HAVE SHOWN CARE AT AN ACS-VERIFIED TRAUMA CENTER LIKE PHOENIX CHILDREN'S LOWERS A CHILD'S RISK OF DEATH BY 25 PERCENT SIMPL Y, IT'S A BETTER OPTION THAT SAVES MORE LIVES THE TRAUMA TEAM AT PCH, UNDER THE LEADERSHI P OF DR DAVID NOTRICA, HAS BEEN BUSY DOING JUST THAT SAVING LIVES BETWEEN ITS JULY 2008 OPENING AND THE END OF 2013, PCH SAW MORE THAN 9,714 TRAUMA PATIENTS THERE WERE 2,294 TR AUMA CASES REPORTED IN 2013 THE PHOENIX CHILDREN'S LEVEL 1 PEDIATRIC TRAUMA CENTER IS A V ITAL REGIONAL RESOURCE (6) NEWBORN INTENSIVE CARE UNIT OFFERING 33 LICENSED BEDS, PHOENI X CHILDREN'S NEWBORN INTENSIVE CARE UNIT IS THE LARGEST FACILITY OF ITS KIND IN ARIZONA AN D AMONG THE LARGEST IN THE NATION EARLY ARRIVALS AREN'T THE ONLY ONES WHO ARE TREATED IN THE NICU, BABIES WHO ARE BORN FULL-TERM, BUT WITH INFECTION, CONGENITAL BIRTH DEFECTS, IN- UTERO DRUG EXPOSURE OR COMPLICATIONS FROM TRAUMATIC BIRTH ALSO HAVE ACCESS TO THE CUTTING- EDGE CARE PROVIDED BY THE NICU TEAM FOR INFANTS WHO HAVE SUFFERED BIRTH-RELATED OXYGEN DE PRIVATION, THE HOSPITAL IS HOME TO THE ONE OF ONLY TWO COMPREHENSIVE NEURO-NICU'S IN THE C OUNTRY, WHERE THEY ARE MONITORED BY HIGHLY SOPHISTICATED EQUIPMENT AND TREATED WITH A STAT E-OF-THE-ART WHOLE BODY COOLING SYSTEM, WHICH GREATLY REDUCES THE CHANCE THESE INFANTS WIL L DEVELOP CONDITIONS LIKE CEREBRAL PALSY, MENTAL RETARDATION AND OTHER INTELLECTUAL OF PHY SICAL DEFICIENCIES OTHER MAJOR MEDICAL SERVICES DOCTORS AND NURSES ARE VITAL COMPONENTS OF THE PERSONALIZED CARE TEAM PCH PROVIDES EACH OF ITS CHILDREN EQUALLY IMPORTANT TO THE HOSPITAL'S PHILOSOPHY OF CARE IS THE FAMILY MOTHERS, FATHERS, SIBLINGS, GRANDPARENTS AND OTHER MEMBERS OF A FAMILY'S SUPPORT SYSTEM IT'S THOSE FAMILY MEMBERS WHO ARE THE PRIMARY CAREGIVERS AND PROVIDE THE STRENGTH AND SUPPORT REQUIRED TO HELP OUR YOUNG PATIENTS RECOVE R FROM ILLNESS AND INJURY THEY PARTNER WITH THE HOSPITAL'S TEAM TO HELP DEVELOP A PLAN OF TREATMENT THAT BEST FITS THEIR PERSONAL SITUATIONS THE HOSPITAL ALSO UNDERSTANDS THOSE F AMILY MEMBERS HAVE NEEDS TOO FOR THAT REASON PCH THROUGH ITS PATIENT AND FAMILY SERVICES DEPARTMENT OFFERS A COMPREHENSIVE SUPPORT NETWORK FOR THE ENTIRE FAMILY THROUGH SOCIAL WOR K, CHAPLAINCY AND CHILD LIFE, THE LATTER PROGRAM DEVELOPED HERE AT PCH THAT HELPS PATIENTS AND OFTEN THEIR SIBLINGS COPE EMOTIONALLY AND PHYSICALLY DURING THEIR HOSPITAL STAY BY PR OVIDING AGE APPROPRIATE EDUCATION PATIENTS GAIN A MEASURE OF CONTROL OVER THEIR OWN CARE BY LEARNING ABOUT IT THROUGH PLAY ROUNDING OUT THE CARE TEAM ARE COMPASSIONATE AND CARING MEMBERS OF THE COMMUNITY, OUR VOLUNTEERS, WHO MAKE AN INDELIBLE DIFFERENCE IN THE LIVES O F OUR CHILDREN, FAMILIES AND STAFF WHETHER THEY'RE ESCORTING A FAMILY TO ONE OF OUR CLINI CS, SERVING AS A CANDY STRIPER OR ENTERTAINING CHILDREN IN ONE OF THE PLAYROOMS, PCH VOLUN TEERS ARE THERE TO OFFER ANOTHER LEVEL OF COMFORT AND CARE THE HOSPITAL'S PHILOSOPHY OF F AMILY-CENTERED CARE IS ALSO ONE OF THE MOTIVATIONS BEHIND ITS ALLIANCE WITH ST JOSEPH'S H OSPITAL AND MEDICAL CENTER THE UNIFICATION OF THESE PEDIATRIC PROGRAMS, WHOSE MISSIONS AN D VISION SO CLOSELY ALIGN, FORTIFIES PHOENIX CHILDREN'S COMMITMENT TO DELIVER ON ITS PROMI SE TO PROVIDE HOPE, HEALING AND THE BEST HEALTH CARE TO ARIZONA'S CHILDREN AND FAMILIES P HOENIX CHILDREN'S OFFERS WORLD-CLASS CARE IN MORE THAN 70 SUB-SPECIALTY FIELDS OF PEDIATRI C MEDICINE, INCLUDING 6 CENTERS OF EXCELLENCE IN 2013, PHOENIX CHILDREN'S HAD 13,000 DISC HARGES, 76,240 VISITS TO THE EMERGENCY DEPARTMENT, 216,121 OUTPATIENT VISITS, AND 16,227 S URGICAL PROCEDURES ARIZONA'S POPULATION GROWTH MEANS PCH MUST GROW TOO THE HOSPITAL IS E XPANDING TO ADD MORE PHYSICIANS, BUILD NEW CLINICAL PROGRAMS, AND INCREASE THE NUMBER OF L ICENSED BEDS TO 626 AT FULL BUILD OUT THE CENTERPIECE OF THE EXPANSION IS AN 11 STORY TOW ER THAT OPENED IN 2011 PCH HAS ARIZONA'S ONLY DEDICATED PEDIATRIC DIALYSIS CENTER AND PED IATRIC KIDNEY TRANSPLANT PROGRAM PCH HAS 177 ICU BEDS, ONE OF THE LARGEST AMONG ALL FREES TANDING CHILDREN'S HOSPITALS IN THE COUNTRY, AND ONLY A HANDFUL IN THE U S PERFORMING THE EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) PROCEDURE PCH HAS THE FIRST AND ONLY PEDIATRI C RADIOLOGY FELLOWSHIP PROGRAM IN ARIZONA WHEN THE NEW TOWER IS COMPLETE THE DIVISION OF RADIOLOGY WILL OCCUPY 45,000 SQUARE FEET OF THE FIRST FLOOR PCH OPERATES FOUR SPECIALTY A ND URGENT CARE CENTERS, LOCATED IN SCOTTSDALE, THE EAST VALLEY, THE WEST VALLEY, AND THE N ORTHWEST VALLEY APPROXIMATELY 55 PERCENT OF PHOEN

Return Reference	Explanation	
	(5) LEVEL 1 PEDIATRIC TRAUMA CENTER	IX CHILDREN'S PATIENTS ARE COVERED BY AHCCCS, ARIZONA'S MEDICAID PROGRAM FOR LOW-INCOME FA MILIES THE TRACHEOTOMY AND AIRWAY PROGRAM IS THE ONLY COMPREHENSIVE INPATIENT AND OUTPATI ENT SERVICE IN ARIZONA THAT CARES FOR CHILDREN WITH TRACHEOSTOMIES AND HOME VENTILATORS

Return Reference	Explanation
FORM 990, PART V, LINE 2A, PART VII SECTION A, AND PART IX	PHOENIX CHILDREN'S HOSPITAL FOUNDATION DOES NOT HAVE EMPLOYEES, BUT SHARES COSTS OF PERSONNEL, SERVICES, AND EXPENSES WITH PHOENIX CHILDREN'S HOSPITAL, A RELATED TAX-EXEMPT ORGANIZATION FORM 990, PART VI, LINE 1A Phoenix Children's Hospital Foundation's Executive Committee shall consist of the Chairman of the Board of Directors/President, the President of the Statutory Member and five other members of the Board of Directors who shall be elected by the Board of Directors following each annual meeting Except as otherwise provided by law, the corporations articles of incorporation, or the bylaws, the executive committee shall have and may exercise the powers of the board of directors and the management of the business and affairs of the corporation FORM 990, PART VI, LINE 6 THE STATUTORY MEMBER OF PHOENIX CHILDREN'S HOSPITAL FOUNDATION IS PHOENIX CHILDREN'S HOSPITAL (PCH) FORM 990, PART VI, LINES 7A & 7B PCH, AS THE STATUTORY MEMBER OF THE FOUNDATION, HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF THE FOUNDATION PCH ALSO HAS THE FOLLOWING RESERVE POWERS (A) AMENDMENT OF THE ARTICLES OF INCORPORATION OF THE FOUNDATION (B) ADOPTION OF THE OPERATING AND CAPITAL BUDGETS OF THE FOUNDATION (C) UNBUDGETED EXPENDITURES IN AN AMOUNT IN EXCESS OF $10,000 (D) UNDERTAKING A LOAN OR OTHER OBLIGATION IN AN AMOUNT IN EXCESS OF $10,000 (E) SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, GRANT OR OTHER DISPOSITION OF ASSETS OF THE FOUNDATION, OTHER THAN IN THE NORMAL COURSE OF THE FOUNDATION'S INVESTMENT ACTIVITIES (F) ADOPTION OF A PLAN OF MERGER OR CONSOLIDATION OF THE FOUNDATION WITH ANOTHER CORPORATION (G) ELECTION TO DISSOLVE AND WIND UP THE AFFAIRS OF THE FOUNDATION OR REVOCATION OF ANY SUCH ACTION, (H) ADOPTION OF A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE FOUNDATION

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE 990 WAS REVIEWED BY KEY FINANCIAL STAFF OF PHOENIX CHILDREN'S HOSPITAL, THE SOLE MEMBER THE RETURN, IN ITS FINAL FORM, WAS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS AFTER BEING FILED WITH THE IRS

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

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	THIS ENTITY DOES NOT HAVE ANY DIRECT EMPLOYEES ALL PAYROLL IS CENTRALIZED THROUGH A RELATED EXEMPT ORGANIZATION, PHOENIX CHILDREN'S HOSPITAL (PCH) (EIN 86-0422559) SALARY EXPENSES REPORTED ON FORM 990, PART IX, LINES 5 AND 7 REPRESENTS AN ALLOCATION OF SALARIES AND WAGES PAID BY PCH FORM 941 REPORTING THESE SALARIES AND WAGES IS FILED UNDER THE PCH EIN TOP MANAGEMENT COMPENSATION IS SUBJECT TO REVIEW AND DETERMINATION BY THE COMPENSATION COMMITTEE OF THE RELATED EXEMPT ORGANIZATION, PHOENIX CHILDREN'S HOSPITAL (PCH) PCH USES THE FOLLOWING PROCEDURE TO ESTABLISH THE COMPENSATION OF THE FOUNDATIONS TOP MANAGEMENT OFFICIAL PHOENIX CHILDREN'S HOSPITAL USES THE SERVICES OF AN OUTSIDE COMPENSATION CONSULTING FIRM TO MAKE MARKET COMPARISONS OF COMPENSATION, INCLUDING BOTH BASE SALARY AND INCENTIVE PROGRAMS THESE PLANS ARE REVIEWED WITH AND ULTIMATELY APPROVED BY THE BOARD OF DIRECTORS COMPENSATION COMMITTEE AFTER COMPLETION OF THE YEAR-END AUDIT, THE COMPENSATION COMMITTEE MEETS TO EVALUATE PERFORMANCE OF THE CEO AND KEY EXECUTIVES AND TO APPROVE THE RECOMMENDATION OF THE VP OF HUMAN RESOURCES AND THE CEO, BASED ON THE CRITERIA IN THE PREVIOUSLY APPROVED PLAN THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE COMPENSATION COMMITTEE BOARD MINUTES THIS PROCESS WAS LAST COMPLETED IN 2013 OTHER EMPLOYEES ARE SUBJECT TO THE HUMAN RESOURCE POLICIES, INCLUDING COMPENSATION ARRANGEMENTS, OF PCH

Return Reference	Explanation
FORM 990, PART VI, LINE 19	DISCLOSURE OF SUCH DOCUMENTS AND POLICIES IS NOT REQUIRED, BUT THEY WILL BE MADE AVAILABLE UPON REQUEST

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
Phoenix Children's Hospital Foundation

Employer identification number
74-2421549

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

(a) Name, address, and EIN (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	No
(1) Phoenix Children's Hospital 1919 E Thomas Road Phoenix, AZ 85016 86-0422559	Hospital	AZ	501(c)(3)	3	CHA		No
(2) Cambridge Arizona Insurance Company 333 E Osborn Road Suite 300 Phoenix, AZ 85012 26-1756912	Insurance	AZ	501(c)(3)	11A, TYPE 1	PCH	Yes	
(3) Children's Healthcare of Arizona Inc 1919 E Thomas Road Phoenix, AZ 85016 45-1474342	Support	AZ	501(c)(3)	11A, TYPE 1	NA		No

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

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

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

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

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		No
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		No
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	Yes	
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		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of 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