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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Phoenix Children's Hospital		D Employer identification number 86-0422559
	Doing business as		E Telephone number (602) 512-8132
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 947,940,363
	1919 E THOMAS ROAD		
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85016		F Name and address of principal officer Robert L Meyer 1919 E THOMAS RD Phoenix, AZ 85016	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: WWW.PHOENIXCHILDRENS.org		L Year of formation 1983 M State of legal domicile AZ	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE PROVIDE HOPE, HEALING, AND THE BEST HEALTHCARE FOR CHILDREN AND THEIR FAMILIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4,952	
6 Total number of volunteers (estimate if necessary)	6	534	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,152,142	17,448,695
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	707,011,311	760,583,504
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,859,564	13,699,458
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	737,023,017	791,731,657
	14 Benefits paid to or for members (Part IX, column (A), line 4)	410,600	454,725
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	325,130,682	363,494,844
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	335,764,514	380,700,571
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	661,305,796	744,650,140	
19 Revenue less expenses Subtract line 18 from line 12	75,717,221	47,081,517	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,099,783,522	1,281,905,997
	22 Net assets or fund balances Subtract line 21 from line 20	795,406,550	949,657,143
		304,376,972	332,248,854

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	2016-08-15
	JIM CHAMPLIN VP, FINANCE	Date
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name PATRICK SHIELDS	Preparer's signature PATRICK SHIELDS	Date 2016-08-15	Check <input type="checkbox"/> if self-employed	PTIN P01508556
	Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ TWO NORTH CENTRAL AVENUE SUITE 2300 PHOENIX, AZ 85004			Phone no (602) 322-3000	

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 [X]

1 Briefly describe the organization's mission

WE PROVIDE HOPE, HEALING AND THE BEST HEALTHCARE FOR CHILDREN AND THEIR FAMILIES

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 599,623,796 including grants of \$ 454,725) (Revenue \$ 760,583,504)

SEE SCHEDULE O PHOENIX CHILDREN'S HOSPITAL (PCH) IS ARIZONA'S ONLY LICENSED NONPROFIT CHILDREN'S HOSPITAL PROVIDING CARE IN MORE THAN 70 PEDIATRIC SUBSPECIALTIES TO THE STATE'S PEDIATRIC PATIENTS SIX CENTERS OF EXCELLENCE AT PCH OFFER INTERDISCIPLINARY CARE, INCLUDING (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 FREESTANDING CHILDREN'S HOSPITALS IN THE UNITED STATES ON NUMBER OF BEDS AND IS THE SINGLE LARGEST PROVIDER OF PEDIATRIC SERVICES TO LOW-INCOME CHILDREN IN ARIZONA, 51 PERCENT OF PATIENTS ARE MEDICAID BENEFICIARIES IN ADDITION TO THE HOSPITAL'S MAIN CAMPUS NEAR DOWNTOWN PHOENIX, ARIZONA, THE HOSPITAL OPENED A 22-BED PEDIATRIC UNIT AT MERCY GILBERT HOSPITAL (A DIGNITY HEALTH HOSPITAL) IN GILBERT ARIZONA THE HOSPITAL ALSO OPERATES FOUR FREESTANDING PEDIATRIC CLINICS IN MESA, AVONDALE, SCOTTSDALE AND GLENDALE, ARIZONA THAT OFFER SPECIALTY CARE AND ADVANCE URGENT CARE THROUGH ITS BROAD RANGE OF SUPERIOR PEDIATRIC SERVICES INCLUDING NEUROLOGY, ENDOCRINOLOGY, CHEMOTHERAPY, CARDIOLOGY AND OTHER MEDICAL SERVICES, PCH HAS PROVIDED A DISTINGUISHED INDEPENDENT HEALTH FACILITY FOR THE CHILDREN OF ARIZONA PCH DELIVERS ON ITS MISSION TO PROVIDE HOPE, HEALING, AND THE BEST CARE FOR CHILDREN AND FAMILIES BY PROVIDING ACCESS TO THE MOST ADVANCED SPECIALTY AND SUBSPECIALTY PEDIATRIC CARE IN ARIZONA PCH EXTENDS THIS MISSION BEYOND OUR PATIENT POPULATION BY DELIVERING DIRECT FUNDING, PROGRAM SUPPORT, HEALTHCARE EXPERTISE, AND OTHER RESOURCES TO THE MOST VULNERABLE MEMBERS OF OUR COMMUNITY AND TO THE COMMUNITY AT LARGE THE FOLLOWING DESCRIBES PCH'S SIX CENTERS OF EXCELLENCE AND OTHER MEDICAL SERVICES (1) CENTER FOR CANCER AND BLOOD DISORDERSTHE CENTER FOR CANCER AND BLOOD DISORDERS AT PHOENIX CHILDREN'S HOSPITAL IS THE LARGEST PEDIATRIC PROGRAM OF ITS KIND IN ARIZONA, PROVIDING COMPLETE CARE FOR CHILDREN DIAGNOSED WITH MALIGNANCIES AND/OR LIFE-THREATENING HEMATOLOGIC DISEASES USING A FAMILY-CENTERED APPROACH, THE CENTER PROVIDES COMPREHENSIVE, PERSONALIZED CARE TO EVERY HEMATOLOGY AND ONCOLOGY PATIENT EVERY CHILD HAS HIS OR HER OWN TEAM OF PHYSICIANS, NURSES, SOCIAL WORKERS, PHYSICAL THERAPISTS, NUTRITIONISTS AND MORE THAT PROVIDE CARE THROUGHOUT THE TREATMENT AND HEALING PROCESS THE TEAM WORKS TO MAKE SURE THAT THE CARE REGIMEN FITS IN WITH THE CHILD'S - AND THE FAMILY'S - NEEDS THE CENTER'S TEAM OF MEDICAL PRACTITIONERS INCLUDES MANY SPECIALISTS, EACH WITH A SPECIFIC AREA OF EXPERTISE WITHIN THE HEMATOLOGY AND ONCOLOGY FIELDS ENCOURAGING EACH PROVIDER TO SPECIALIZE IN CERTAIN DISEASES HAS ALLOWED THE CENTER'S TEAM TO COLLECTIVELY KEEP UP WITH THE LATEST ADVANCEMENTS IN THE TREATMENT OF CANCER AND HEMATOLOGIC DISORDERS AS A RESULT, THE CENTER IS ABLE TO PROVIDE TOP-NOTCH, CUTTING EDGE CARE TO ALL OF ITS PATIENTS (2) CHILDREN'S HEART CENTERPHOENIX CHILDREN'S HEART CENTER IS THE PREMIER REGIONAL REFERRAL CENTER IN THE SOUTHWEST AND IS THE FIFTH LARGEST PROGRAM OF ITS KIND IN THE U S IT OFFERS THE MOST COMPREHENSIVE INPATIENT AND OUTPATIENT PEDIATRIC CARDIAC CARE SERVICES TO INFANTS, CHILDREN AND TEENS WITH CONGENITAL HEART DEFECTS, RHYTHM DISTURBANCES, HEART FAILURE AND OTHER CARDIAC-RELATED PROBLEMS THE PHOENIX CHILDREN'S HEART CENTER HAS A COMPREHENSIVE, MULTIDISCIPLINARY TEAM, WHICH INCLUDES SUBSPECIALTY TRAINED PHYSICIANS AND CARDIAC NURSES WHO PROVIDE ADVANCED FAMILY-CENTERED CARE FOR SIMPLE AND COMPLEX HEART CONDITIONS THE AVAILABILITY OF VARIED CARDIAC CLINICAL STAFF ON PHOENIX CHILDREN'S CAMPUS MEANS EVEN THE MOST COMPLEX PATIENTS CAN RECEIVE ALL OF THEIR CARE IN ONE PLACE, WHICH LEADS TO BETTER OUTCOMES AND ONGOING FOLLOW-UP (3) BARROW NEUROLOGICAL INSTITUTE BARROW NEUROLOGICAL INSTITUTE AT PHOENIX CHILDREN'S HOSPITAL OFFERS THE MOST COMPREHENSIVE INPATIENT AND OUTPATIENT NEUROLOGICAL CARE AND SERVICES TO INFANTS, CHILDREN AND TEENS WITH NEUROLOGICAL-RELATED PROBLEMS OUR COLLABORATIVE AND COMPREHENSIVE APPROACH TO MEDICINE, EDUCATION AND RESEARCH HAS RESULTED IN BARROW AT PHOENIX CHILDREN'S HOSPITAL BEING THE LARGEST PEDIATRIC NEUROSCIENCE CENTER IN THE SOUTHWEST WE ARE PROUD TO BE ONE OF THE FEW HOSPITALS TO OFFER PEDIATRIC NEUROLOGICAL DIAGNOSIS, NEUROSURGERY AND REHABILITATION IN ONE CENTRAL LOCATION WHEN IT COMES TO CARING FOR CHILDREN WITH NEUROLOGICAL AND BEHAVIORAL DISORDERS, THE OLD SAYING IS OFTEN TRUE "IT TAKES A VILLAGE" OR, MORE PRECISELY, IT TAKES MULTIPLE MEDICAL PROFESSIONALS TO CARE FOR PATIENTS THAT SUFFER FROM COMPLEX AND INTERRELATED NEUROLOGICAL AND BEHAVIORAL CONDITIONS COLLABORATING TO TREAT THESE SPECIAL PEDIATRIC PATIENTS ENHANCES CARE AND IMPROVES OUTCOMES AT PHOENIX CHILDREN'S HOSPITAL, FUNDING ENABLED THE DIVISIONS OF NEUROLOGY, NEUROSURGERY, PSYCHIATRY, AND PSYCHOLOGY TO COME TOGETHER IN ONE SUCH COLLABORATION BARROW NEUROLOGICAL INSTITUTE AT PHOENIX CHILDREN'S HOSPITAL SPECIALIZED MEDICAL EQUIPMENT, PEDIATRIC PATIENT ROOMS, AND PEDIATRIC SPECIALISTS -- IN ADDITION TO THE HOSPITAL'S FAMILY-CENTERED FOCUS - MAKE THE CENTER UNIQUELY QUALIFIED TO TREAT COMPLEX NEUROLOGICAL DISORDERS IN PEDIATRIC PATIENTS (4) CENTER FOR PEDIATRIC ORTHOPAEDICSPHOENIX CHILDREN'S CENTER FOR PEDIATRIC ORTHOPAEDICS IS DEDICATED TO OFFERING THE MOST COMPREHENSIVE, STATE-OF-THE-ART CARE FOR CHILDREN WHO HAVE EXPERIENCED MUSCULOSKELETAL INJURY OR ARE LIVING WITH RELATED DISEASES OR CONDITIONS PHOENIX CHILDREN'S CENTER FOR PEDIATRIC ORTHOPAEDICS RANKS AS THE SIXTH LARGEST PROGRAM OF ITS KIND IN THE UNITED STATES BASED ON PATIENT VOLUME ONE OF THE HOSPITAL'S SIX CENTERS OF EXCELLENCE, THE GROUP OF SIX FELLOWSHIP-TRAINED PHYSICIANS PROVIDE ORTHOPAEDIC SURGICAL AND NON-SURGICAL CARE TO CHILDREN AND TEENS WITH -SCOLIOSIS AND OTHER SPINAL DEFORMITIES -FRACTURES -SPORTS-RELATED INJURIES -HIP DISORDERS, DYSPLASIA OF THE HIP -MUSCULAR DYSTROPHY -CLUBFOOT -SPINA BIFIDA -CEREBRAL PALSY SPINAL FUSION SURGERY FOR SCOLIOSIS AND SPINAL DEFORMITIES IS ONE OF THE HIGHLIGHTS IN ORTHOPAEDIC SURGERY AT PHOENIX CHILDREN'S HOSPITAL OUR SPINAL FUSION PROGRAM INCLUDES A PRE-OPERATIVE TOUR OF THE HOSPITAL SO THAT PATIENTS AND FAMILIES CAN ASK QUESTIONS AND TALK TO OTHER FORMER PATIENTS, FAMILIES AND STAFF THIS HAS BEEN A MAJOR FACTOR IN IMPROVING PRE-OPERATIVE WORRY, POST-OPERATIVE CARE AND OVERALL RECOVERY FOR KIDS ADDITIONALLY, PHOENIX CHILDREN'S ORTHOPAEDIC SURGEONS ARE MEMBERS OF THE STATE'S ONLY LEVEL 1 PEDIATRIC TRAUMA TEAM, PROVIDING EXPERT, LIFE-SAVING CARE TO CHILDREN AND TEENS WHO HAVE EXPERIENCED SERIOUS MUSCULOSKELETAL INJURY AS THE CENTER FOR PEDIATRIC ORTHOPAEDICS GROWS, OTHER PROGRAMS BEING DEVELOPED INCLUDE TREATING CHILDREN WITH SPINAL DEFORMITIES, LIMB DEFICIENCIES, MUSCULOSKELETAL TUMORS AND SKELETAL DYSPLASIA AND A STATE-OF-THE-ART MOTION ANALYSIS GAIT LAB

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 599,623,796

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 <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>	Yes	
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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H <input checked="" type="checkbox"/>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 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		
	1a 11		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed AZ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records JIM CHAMPLIN 1919 E THOMAS RD Phoenix, AZ 85016 (602) 933-6541

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							16,344,122	0	673,396	

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 **▶ 606**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC & AFFILIATES 9801 WASHINGTON BOULEVARD GAITHERSBURG, MD 20878	OUTSOURCING	15,008,619
KITCHELL 1707 E HIGHLAND SUITE 200 PHOENIX, AZ 85016	CONSTRUCTION	8,117,723
ALLSCRIPTS HEALTHCARE LLC 8259 SIX FORKS ROAD RALEIGH, NC 27609	CONSULTING	4,008,204
JOHNSON CONTROLS INC 111 CABIN GATE PEACHTREE, GA 30269	OUTSOURCING	3,573,862
TRIDENT SECURITY SERVICES 2085 S COTTONWOOD DRIVE TEMPE, AZ 85282	OUTSOURCING	3,410,582

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 **▶ 96**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	12,344,508				
	e	Government grants (contributions) 1e	5,104,187				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	17,448,695				
Program Service Revenue	2a NET PATIENT SERVICE REVENUE		622110	742,468,299	742,468,299		
	b	Other operating revenue	900099	14,794,199	14,794,199		
	c	Research revenue	541700	3,321,006	3,321,006		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		760,583,504			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,159,169		13,159,169
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	156,748,995			
			(ii) Other				
			b Less cost or other basis and sales expenses	156,208,706			
			c Gain or (loss)	540,289			
d		Net gain or (loss)		540,289		540,289	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses b					
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		791,731,657	760,583,504	0	13,699,458	

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 domestic organizations and domestic governments See Part IV, line 21	454,725	454,725		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,017,731		10,017,731	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	350,508	350,508		
7	Other salaries and wages	287,171,747	251,029,279	36,142,468	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,398,344	6,412,255	1,986,089	
9	Other employee benefits	39,273,716	34,130,915	5,142,801	
10	Payroll taxes	18,282,798	15,739,812	2,542,986	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,674,132	260,910	1,413,222	
c	Accounting	456,000		456,000	
d	Lobbying	230,232	230,232		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	335,947		335,947	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	74,620,255	61,776,708	12,843,547	
12	Advertising and promotion	4,084,290	325,562	3,758,728	
13	Office expenses	12,324,359	8,890,370	3,433,989	
14	Information technology	5,315,247	2,079,137	3,236,110	
15	Royalties				
16	Occupancy	10,801,504	5,670,125	5,131,379	
17	Travel	85,832	77,663	8,169	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,957,973	3,228,724	1,729,249	
20	Interest	26,608,484		26,608,484	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,996,875	32,828,723	10,168,152	
23	Insurance	8,483,640	69,942	8,413,698	
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	PHARMACEUTICALS	74,436,928	74,436,928		
b	Mission support	50,706,741	50,706,741		
c	MEDICAL SUPPLIES	39,436,696	39,427,697	8,999	
d	Equipment costs	13,458,130	7,644,146	5,813,984	
e	All other expenses	9,687,306	3,852,694	5,834,612	
25	Total functional expenses. Add lines 1 through 24e	744,650,140	599,623,796	145,026,344	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,011,507	1	1,013,025
	2 Savings and temporary cash investments	129,940,255	2	47,785,232
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	75,452,131	4	88,345,522
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net	8,410,000	7	8,410,000
	8 Inventories for sale or use	10,709,428	8	12,029,624
	9 Prepaid expenses and deferred charges	4,672,086	9	6,309,183
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 803,224,942		
	b Less accumulated depreciation	10b 284,884,950	539,085,757	10c 518,339,992
	11 Investments—publicly traded securities	300,071,605	11	429,294,299
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	3,875,239	14	3,875,239
	15 Other assets See Part IV, line 11	26,555,514	15	166,503,881
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,099,783,522	16	1,281,905,997	
Liabilities	17 Accounts payable and accrued expenses	80,118,899	17	170,909,628
	18 Grants payable		18	
	19 Deferred revenue	16,594,978	19	10,011,216
	20 Tax-exempt bond liabilities	576,493,560	20	565,838,139
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	122,199,113	25	202,898,160
	26 Total liabilities. Add lines 17 through 25	795,406,550	26	949,657,143
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	300,605,270	27	325,397,965
	28 Temporarily restricted net assets	3,771,702	28	6,850,889
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	304,376,972	33	332,248,854	
34 Total liabilities and net assets/fund balances	1,099,783,522	34	1,281,905,997	

Part XI Reconciliation 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	791,731,657
2	Total expenses (must equal Part IX, column (A), line 25)	2	744,650,140
3	Revenue less expenses Subtract line 2 from line 1	3	47,081,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	304,376,972
5	Net unrealized gains (losses) on investments	5	-19,173,463
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	-36,172
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	332,248,854

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 86-0422559
Name: Phoenix Children's Hospital

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT L MEYER DIRECTOR/PRESIDENT & CEO	37 00 3 00	X		X				2,520,853	0	10,739
JON HULBURD DIRECTOR/CHAIR	1 00 2 00	X		X				0	0	0
JACQUE J SOKOLOV MD DIRECTOR/VICE CHAIR	1 00 1 00	X		X				0	0	0
RANDAL CHRISTENSEN MD PRESIDENT, MEDICAL STAFF	40 00 0 00	X						262,812	0	19,152
ROBERT DELGADO DIRECTOR	1 00 1 00	X						0	0	0
MIKE EBERT DIRECTOR	1 00 0 00	X						0	0	0
GEORGE GETZ DIRECTOR	1 00 0 00	X						0	0	0
DAVID LENHARDT DIRECTOR	1 00 0 00	X						0	0	0
CONNIE MARIANO MD DIRECTOR	1 00 0 00	X						0	0	0
SCOTT REHORN DIRECTOR	1 00 1 00	X						0	0	0
MICHAEL RITCHEY MD PRESIDENT, MEDICAL STAFF	40 00 0 00	X						717,413	0	20,820
CRAIG MCKNIGHT EXECUTIVE VP & CFO/TREASURER	38 00 2 00			X				1,264,476	0	31,249
CARMEN NEUBERGER SVP/GENERAL COUNSEL/SECRETARY	38 00 2 00			X				601,066	0	70,131
BETSY KUZAS EXECUTIVE VICE PRESIDENT & COO	40 00 0 00				X			899,813	0	93,133
DAVID HIGGINSON SENIOR VICE PRESIDENT & CIO	40 00 0 00				X			607,595	0	59,499
BOB CAMPBELL SVP BUSINESS DEVELOPMENT & CSO	40 00 0 00				X			618,604	0	68,535
JULIE BOWMAN RN SVP, PATIENT CARE SERVICES & CNO	40 00 0 00				X			350,246	0	8,266
STACY NICHOLSON MD PHYSICIAN IN CHIEF	40 00 0 00				X			423,517	0	42,217
STEVEN SPALDING MD CHIEF CLINICAL INTEG & MED OFF	40 00 0 00				X			190,694	0	4,927
JOHN HAMILTON SVP & COO - PCMG	40 00 0 00				X			326,641	0	13,846
DENNIS LUND MD THRU 215 EVP, PCMG & SURGEON IN CHIEF	40 00 0 00				X			586,427	0	23,770
THOMAS DIEDERICH SENIOR VP, HUMAN RESOURCES	40 00 0 00				X			612,386	0	18,820
ROGER LOGAN SENIOR VP, PRACTICE OPERATIONS	40 00 0 00				X			588,244	0	58,156
PHILIP ADELSON MD DIVISION CHIEF	40 00 0 00					X		1,393,714	0	25,585
DANIEL VELEZ MD STAFF PHYSICIAN	40 00 0 00					X		1,076,078	0	21,639

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN NIGRO MD DIVISION CHIEF	40 00 0 00					X		1,074,954	0	23,617
DAVID SHAFRON MD STAFF PHYSICIAN	40 00 0 00					X		804,724	0	17,068
RUTH BRISTOL MD STAFF PHYSICIAN	40 00 0 00					X		775,144	0	22,261
PAMELA JOHNSON-CARLSON SENIOR VICE PRESIDENT & CNO	40 00 0 00						X	178,848	0	0
ELIZABETH ZORN MD PAST PRESIDENT, MEDICAL STAFF	40 00 0 00						X	469,873	0	19,966

SCHEDULE A
(Form 990 or 990EZ)

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.

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Phoenix Children's Hospital

Employer identification number
86-0422559

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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. 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 <input type="checkbox"/>		
b 33 1/3% support test—2014. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
-Complete if the organization is described below. -Attach to Form 990 or Form 990-EZ.
-Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (Phoenix Children's Hospital) and Employer identification number (86-0422559)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	230,232													
c Total lobbying expenditures (add lines 1a and 1b)	230,232													
d Other exempt purpose expenditures	599,393,564													
e Total exempt purpose expenditures (add lines 1c and 1d)	599,623,796													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Y e s <input type="checkbox"/> N o													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	239,824	221,516	272,774	230,232	964,346
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization Phoenix Children's Hospital

Employer identification number 86-0422559

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year. Includes questions 5 and 6 regarding donor informed status.

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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

- a Board designated or quasi-endowment
b Permanent endowment 100 000 %
c Temporarily restricted endowment
The percentages on 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:

Small table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on 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		
(3) 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' on 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' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BOND COLLATERAL	59,233,779
(2) SNCP RECEIVABLE	40,580,396
(3) PHX HEALTH CARE INITIATIVE RECEIVABLE	22,924,710
(4) INVESTMENT IN AFFILIATES	18,619,302
(5) DEFERRED FINANCING COSTS	8,594,384
(6) HOPE RESTRICTED CASH	6,850,889
(7) SWAP MTM ASSET	3,331,520
(8) OTHER RECEIVABLES	6,368,901
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	166,503,881

Part X Other Liabilities. Complete if the organization answered 'Yes' on 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	
MARK TO MARKET LIABILITY	77,949,230
INTERCOMPANY	76,004,888
DEFERRED COMPENSATION LIABILITY	24,310,558
AVONDALE LT LIABILITY	9,673,351
CAPTIVE LIABILITY	4,760,210
ROSENBERG LT LIABILITY	3,792,628
INSURANCE LIABILITY	1,361,569
OTHER LIABILITIES	5,045,726
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	202,898,160

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' on 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 (losses) 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' on 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	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, Phoenix Children's Care Network's and Phoenix Children's Property Development, LLC's activities are related to their exempt purposes, and Phoenix Children's Cardiology Diagnostrics, LLC's activities will not result in taxable income No material uncertain tax positions have been identified or recorded in the consolidated financial statements at December 31, 2015 or 2014

Additional Data

Software ID:
Software Version:
EIN: 86-0422559
Name: Phoenix Children's Hospital

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) BOND COLLATERAL	59,233,779
(2) SNCP RECEIVABLE	40,580,396
(3) PHX HEALTH CARE INITIATIVE RECEIVABLE	22,924,710
(4) INVESTMENT IN AFFILIATES	18,619,302
(5) DEFERRED FINANCING COSTS	8,594,384
(6) HOPE RESTRICTED CASH	6,850,889
(7) SWAP MTM ASSET	3,331,520
(8) OTHER RECEIVABLES	6,368,901

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
MARK TO MARKET LIABILITY	77,949,230
INTERCOMPANY	76,004,888
DEFERRED COMPENSATION LIABILITY	24,310,558
AVONDALE LT LIABILITY	9,673,351
CAPTIVE LIABILITY	4,760,210
ROSENBERG LT LIABILITY	3,792,628
INSURANCE LIABILITY	1,361,569
OTHER LIABILITIES	5,045,726

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization Phoenix Children's Hospital	Employer identification number 86-0422559
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,268,766		4,268,766	0.570 %
b Medicaid (from Worksheet 3, column a)			375,759,465	328,036,068	47,723,397	6.410 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			19,439,081	13,180,353	6,258,728	0.840 %
d Total Financial Assistance and Means-Tested Government Programs			399,467,312	341,216,421	58,250,891	7.820 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,090,888	4,785,389	2,305,499	0.310 %
f Health professions education (from Worksheet 5)			37,230,593	39,968,849		
g Subsidized health services (from Worksheet 6)			12,562,916	5,908,517	6,654,399	0.890 %
h Research (from Worksheet 7)			12,751,944	5,871,454	6,880,490	0.920 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,403,432	153,854	4,249,578	0.570 %
j Total. Other Benefits			74,039,773	56,688,063	20,089,966	2.690 %
k Total. Add lines 7d and 7j			473,507,085	397,904,484	78,340,857	10.510 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			444,305	153,854	290,451	0.040 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			3,959,127		3,959,127	0.530 %
8 Workforce development						
9 Other						
10 Total			4,403,432	153,854	4,249,578	0.570 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		8,268,802
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		3,476,711
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	4,879,773
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	4,517,289
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	362,484
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	Yes	
9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.		No

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A) PHOENIX CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Table with 3 columns: Question, Yes, No. Row 1: Community Health Needs Assessment

1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? 1 No

2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C 2 No

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 3 Yes

- a A definition of the community served by the hospital facility
b Demographics of the community
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
d How data was obtained
e The significant health needs of the community
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
g The process for identifying and prioritizing community health needs and services to meet the community health needs
h The process for consulting with persons representing the community's interests
i Information gaps that limit the hospital facility's ability to assess the community's health needs
j Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA 20 13
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted 5 Yes

6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C 6a No

6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C 6b No

7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) 7 Yes

- a Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C
b Other website (list url)
c Made a paper copy available for public inspection without charge at the hospital facility
d Other (describe in Section C)

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 8 Yes

9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? 10 Yes

- a If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 10b No

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? 12a No

b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? 12b
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

PHOENIX CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.PHOENIXCHILDRENS.ORG</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url)		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 PHOENIX CHILDREN'S-MERCY GILBERT CTR

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 2 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		
		1 Yes	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		
		2 Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)		
		3	No
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
		5	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		
		6a	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		
		6b	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
		7	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		
		8	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		
		10	
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
		10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
		12a	
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
		12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

PHOENIX CHILDREN'S-MERCY GILBERT CTR

Name of hospital facility or letter of facility reporting group

13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP

a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance discount

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)

a Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Included measures to publicize the policy within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply)

a The FAP was widely available on a website (list url)

WWW.PHOENIXCHILDRENS.ORG

b The FAP application form was widely available on a website (list url)

c A plain language summary of the FAP was widely available on a website (list url)

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

g Notice of availability of the FAP was conspicuously displayed throughout the hospital facility

h Notified members of the community who are most likely to require financial assistance about availability of the FAP

i Other (describe in Section C)

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP

a Reporting to credit agency(ies)

b Selling an individual's debt to another party

c Actions that require a legal or judicial process

d Other similar actions (describe in Section C)

e None of these actions or other similar actions were permitted

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	
17	Yes	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 11

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
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9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 7	COSTS ARE REPORTED USING A COST TO CHARGE RATIO THE RATIO WAS CALCULATED BY DIVIDING TOTAL CHARGES RECORDED FOR ALL PATIENTS BY TOTAL EXPENSES REQUIRED TO PROVIDE THAT CARE

Form and Line Reference	Explanation
Part I, Line 7g	THE AMOUNT REPORTED INCLUDES COSTS RELATED TO THE OPERATIONS OF PHYSICIAN CLINICS PART II, LINES 3 AND 7 MEDICAL INTERPRETER/TRANSLATION SERVICES CLEAR COMMUNICATION BETWEEN PATIENTS AND PROVIDERS AND HELP TO SOLVE AN URGENT HEALTH AND SAFETY ISSUE PHOENIX CHILDREN'S MEDICAL INTERPRETER/TRANSLATOR PROGRAM IS THE NATIONAL MODEL TO IMPROVE COMMUNICATION AND SAFETY WITH THE HISPANIC POPULATION AT 20 CHILDREN'S HOSPITALS MEDICAL INTERPRETER TRAINERS FROM NATIONAL AND LOCAL HOSPITALS GATHERED AT PHOENIX CHILDREN'S FOR TRAINING DESIGNED TO IMPROVE COMMUNICATION AND SAFETY FOR PATIENTS AND THEIR FAMILIES ATTENDEES WERE TRAINED IN TEACHING BILINGUAL HEALTHCARE WORKERS MEDICAL TERMS, INTERPRETING PROTOCOL AND MULTICULTURAL UNDERSTANDING SINCE 2001, THE HOSPITAL HAS TRAINED NEARLY 1,000 STUDENTS IN MEDICAL TERMINOLOGY, INTERPRETING ETHICS, LEADERSHIP, CULTURAL DIFFERENCES AND TEAM BUILDING

Form and Line Reference	Explanation
Part III, Line 2	THE METHODOLOGY USED WAS TO TAKE TOTAL BAD DEBT CHARGES WRITTEN OFF MULTIPLIED BY THE HOSPITAL COST-TO-CHARGE RATIO

Form and Line Reference	Explanation
Part III, Line 3	WE HAVE INCLUDED THESE WRITE OFFS AS COMMUNITY BENEFIT AS THESE SERVICES WERE RENDERED FOR LESS THAN COST TO THE PATIENT AND PATIENT'S FAMILY

Form and Line Reference	Explanation
Part III, Line 4	PAGE 17 OF THE AUDITED FINANCIAL STATEMENTS CONTAINS THE FOOTNOTE THAT ADDRESSES ALLOWANCE FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
Part III, Line 8	THE COSTS WERE CALCULATED USING THE COST TO CHARGE RATIO FROM THE MOST RECENTLY FILED MEDICARE COST REPORT CONSISTENT WITH PCH'S MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE SERVICES AND TO ADVOCATE FOR THOSE WHO ARE POOR AND DISENFRANCHISED, PCH STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE PCH ACCEPTS PAYMENT FOR THE DIFFERENCE BETWEEN THE COST OF SERVICES A PERSON RECEIVES AND THE AMOUNT RECEIVED TO PROVIDE THESE SERVICES, THUS RELIEVING BURDENS ON THE GOVERNMENT

Form and Line Reference	Explanation
Part VI, Line 2	COMMUNITY NEEDS ARE DETERMINED VIA AN ASSESSMENT OF MULTIPLE STAKEHOLDERS, STATE AND FEDERAL GOVERNMENT REPORTS, AND PATIENT DATA PRIORITIES AND PROGRAMS ARE DEVELOPED TO SERVE THESE DEMONSTRATED NEEDS, WITH A SPECIAL FOCUS ON POPULATIONS THAT ARE KNOWN TO HAVE DIFFICULTY ACCESSING CARE AND PROGRAMS THAT IMPROVE OVERALL PEDIATRIC HEALTH AND SAFETY

Form and Line Reference	Explanation
Part VI, Line 3	FINANCIAL COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS WITH INSURANCE COMPANIES, STATE AGENCIES, ACCESS TO PCH DISCOUNTED CARE OR APPLYING FOR THE HOSPITAL'S CHARITY CARE POLICY INFORMATION REGARDING THE CHARITY CARE POLICY IS AVAILABLE ON OUR WEB SITE FINANCIAL COUNSELORS INTERVIEW PARENTS OF CHILDREN WHO ARE UNINSURED AND UNDERINSURED AHCCCS APPLICATIONS ARE INITIATED BY PCH ON BEHALF OF THE PATIENTS AND IF THE PARENTS DO NOT QUALIFY, FINANCIAL COUNSELORS PROCEED WITH THE FINANCIAL ASSISTANCE PROCESS

Form and Line Reference	Explanation
Part VI, Line 4	BASED ON THE MOST RECENT STATISTICS GATHERED BY THE ANN E CASEY KIDSCOUNT SURVEY, THE STATE OF ARIZONA HAS A POPULATION OF OVER 1 6 MILLION PEOPLE UNDER THE AGE OF 18, 27% OF WHICH ARE 4 YEARS AND UNDER THE SAME POPULATION IS 41% WHITE AND 43% HISPANIC THE U S CENSUS BUREAU RELEASED NEW HEALTH INSURANCE COVERAGE DATA FROM THE CURRENT POPULATION SURVEY IT SHOWS THAT 11 9% OF ARIZONA CHILDREN DO NOT HAVE HEALTH INSURANCE COVERAGE CONTINUE TO GO WITHOUT HEALTH CARE SERVICES THAT HEALTH INSURANCE PROVIDES

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PCH HAS IDENTIFIED THREE MAJOR AREAS OF FOCUS FOR COMMUNITY OUTREACH AND EDUCATION INJURY PREVENTION, HEALTHY CHILDREN AND FAMILIES, AND CHILD ABUSE PREVENTION PCH SPONSORS AND ADMINISTERS MULTIPLE PROGRAMS IN THESE THREE CATEGORIES COMMUNITY BENEFIT ENCOMPASSES A WIDE VARIETY OF RESOURCES AND PROGRAMS HIGHLIGHTS INCLUDE CHARITY CARE BECAUSE NO CHILD IS DENIED NEEDED CARE DUE TO AN INABILITY TO PAY, FREE OR DISCOUNTED CARE WAS ADMINISTERED TO UNINSURED OR UNDERINSURED PATIENTS GOVERNMENT-SPONSORED HEALTHCARE PCH ALSO DELIVERS HEALTH CARE TO INDIGENT PATIENTS GOVERNMENT-SPONSORED HEALTHCARE COVERAGE REIMBURSES ONLY A PORTION OF THE COSTS OF THIS CARE THE UNREIMBURSED PORTION IS A COMMUNITY BENEFIT DELIVERED BY PCH COMMUNITY OUTREACH PROGRAMS PCH HAS DEVELOPED SIGNATURE COMMUNITY OUTREACH PROGRAMS THAT SERVE SPECIFIC POPULATIONS WITH SERIOUS HEALTHCARE NEEDS AND LIMITED ACCESS TO CARE ONE EXAMPLE IS THE CREW'S HEALTH MOBILE MOBILE MEDICAL VAN THAT SERVES HOMELESS YOUTH SUBSIDIZED PROGRAMS PCH SUBSIDIZES CERTAIN MEDICAL PROGRAMS WHERE WE ARE UNIQUELY QUALIFIED TO PROVIDE THE CARE OR WHERE PATIENTS HAVE LIMITED ACCESS TO CARE EXAMPLES INCLUDE THE BILL HOLT HIV/AIDS CLINIC AND THE HEALTHY STEPS PROGRAM EDUCATION CONTINUING EDUCATION FOR TODAY'S PHYSICIANS AND NURSES, AS WELL AS EDUCATING THE NEXT GENERATION OF HEALTHCARE PROVIDERS IS A PRIME FOCUS FOR PCH CONTINUING MEDICAL EDUCATION PROGRAMS INCLUDE RESIDENCY AND FELLOWSHIP TRAINING, A SERIES OF CLINICAL EDUCATION PROGRAMS, AND THE HOSPITAL'S PREMIER PROGRAM -- GAPP, WHICH PROVIDES SPECIALIZED TRAINING TO NURSES WHO ARE NEW TO PEDIATRICS RESEARCH PCH'S CLINICIANS CONDUCTED RESEARCH STUDIES TO ADVANCE MEDICAL KNOWLEDGE THE INSTITUTIONAL REVIEW BOARD PROVIDES INSTITUTIONAL INFRASTRUCTURE TO SUPPORT RESEARCH EFFORTS AT PCH, AS WELL AS IN COLLABORATION WITH OTHER INSTITUTIONS SUCH AS MAYO CLINIC, UNIVERSITY OF ARIZONA SCHOOL OF MEDICINE, AND TRANSLATIONAL GENOMICS RESEARCH INSTITUTE COMMUNITY BENEFIT OPERATIONS PCH UNDERWRITES THE ADMINISTRATIVE COSTS OF MANAGING COMMUNITY BENEFIT PROGRAMS AND CONTRIBUTES TIME, MEETING SPACE, AND OTHER RESOURCES THAT ENHANCE THE ABILITY OF OUR COMMUNITY'S MOST EFFECTIVE COMMUNITY SERVICE PROGRAMS TO MEET HUMAN NEEDS CHARITY CARE POLICY PCH'S CHARITY CARE POLICY WAS ESTABLISHED IN ORDER TO IDENTIFY AND ASSIST PATIENTS WHO LACK THE FINANCIAL RESOURCES TO MEET ALL OR PART OF THEIR FINANCIAL LIABILITY FOR SERVICES RENDERED AND TO DETERMINE THEIR ELIGIBILITY FOR PCH-BASED FINANCIAL ASSISTANCE MEDICAL INTERPRETER/TRANSLATION SERVICES CLEAR COMMUNICATION BETWEEN PATIENTS AND PROVIDERS IS AN URGENT HEALTH AND SAFETY ISSUE PHOENIX CHILDREN'S MEDICAL INTERPRETER/TRANSLATOR PROGRAM IS THE NATIONAL MODEL TO IMPROVE COMMUNICATION AND SAFETY WITH THE HISPANIC POPULATION AT 20 CHILDREN'S HOSPITALS MEDICAL INTERPRETER TRAINERS FROM NATIONAL AND LOCAL HOSPITALS GATHERED AT PHOENIX CHILDREN'S FOR TRAINING DESIGNED TO IMPROVE COMMUNICATION AND SAFETY FOR PATIENTS AND THEIR FAMILIES ATTENDEES WERE TRAINED IN TEACHING BILINGUAL HEALTHCARE WORKERS MEDICAL TERMS, INTERPRETING PROTOCOL AND MULTICULTURAL UNDERSTANDING CHILD ABUSE PREVENTION MORE THAN FIVE US CHILDREN DIE AS A RESULT OF CHILD ABUSE EVERY DAY ACCORDING TO THE ARIZONA DEPARTMENT OF HEALTH SERVICES, 70 ARIZONA CHILDREN DIED BECAUSE OF MALTREATMENT IN 2010 - OVER HALF OF THEM WERE UNDER ONE YEAR OLD PHOENIX CHILDREN'S IS COMMITTED TO REDUCING THE RISK OF ABUSE FOR CHILDREN IN OUR COMMUNITY TO KEEP CHILDREN SAFE, WE HAVE TO FIX THE PROBLEM INSTEAD OF ONLY TREATING THE SYMPTOM AS A LEADER IN THE COMMUNITY, PHOENIX CHILDREN'S HOSPITAL BRINGS THE LATEST RESEARCH AND CUTTING EDGE PREVENTION PROGRAMS TO PHOENIX AND REACHES OUT TO THE ENTIRE STATE OF ARIZONA PROJECT SAFE WITNESSING AN ADULT TALKING TO OR TREATING A CHILD HARSHLY CAN CREATE AN AWKWARD AND FRUSTRATING SITUATION FOR OTHER ADULTS ONLOOKERS MAY WANT TO INTERVENE, BUT AREN'T ALWAYS SURE HOW TO DO SO SAFELY AND EFFECTIVELY PROJECT SAFE (SUPPORTING A FAMILY FRIENDLY ENVIRONMENT) IS A CHILD ABUSE PREVENTION TRAINING PROGRAM THAT TEACHES INDIVIDUALS - FROM HEALTHCARE PROFESSIONALS TO RETAIL WORKERS - HOW TO EFFECTIVELY MODEL APPROPRIATE BEHAVIOR AND INTERVENE IN POTENTIALLY ABUSIVE SITUATIONS MORE THAN 800 INDIVIDUALS HAVE COMPLETED SAFE TRAINING, WHILE ANOTHER 120,000 EDUCATIONAL PAMPHLETS HAVE BEEN DISTRIBUTED TO VARIOUS ORGANIZATIONS THROUGHOUT THE COMMUNITY DARKNESS TO LIGHT'S STEWARDS OF CHILDREN ONE IN FOUR GIRLS AND ONE IN SIX BOYS WILL BE SEXUALLY ABUSED BEFORE THEIR 18TH BIRTHDAY FEWER THAN ONE IN TEN WILL EVER TELL STEWARDS OF ARIZONA'S CHILDREN IS AN INNOVATIVE CHILD SEXUAL ABUSE PREVENTION TRAINING PROGRAM THAT TEACHES ADULTS HOW TO PREVENT, RECOGNIZE, AND REACT RESPONSIBLY TO CHILD SEXUAL ABUSE DESIGNED FOR ORGANIZATIONS AND CORPORATIONS THAT SERVE CHILDREN AND YOUTH AND FOR INDIVIDUALS WHO HAVE DIRECT RESPONSIBILITY FOR THE PROTECTION OF THEIR OWN OR OTHERS CHILDREN, THIS THREE-HOUR TRAINING PROGRAM PROVIDES TOOL</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>S TO CREATE POLICIES AND PROCEDURES THAT HELP KEEP CHILDREN SAFE AND FOR TRAINING STAFF AND VOLUNTEERS ON CHILD PROTECTION SINCE ITS INCEPTION, NEARLY 1,000 INDIVIDUALS HAVE PARTICIPATED IN THE PROGRAM THE PROGRAM ALSO TRAINED 43 FACILITATORS, ALLOWING THEM TO IMPLEMENT TRAINING IN THEIR LOCAL COMMUNITIES ADVERSE CHILDHOOD EXPERIENCES (ACE) CONSORTIUM THE ACE STUDY CONSORTIUM BRINGS TOGETHER A DIVERSE GROUP OF COMMUNITY LEADERS ALL WORKING TO IMPROVE PREVENTION, IDENTIFICATION AND TREATMENT TO ENSURE BETTER OUTCOMES FOR PEOPLE WHO'S LIVES START OUT IN THE MOST CHALLENGING WAYS SCIENTIFIC RESEARCH CLEARLY SHOWS THE LINK BETWEEN ADVERSE EXPERIENCES IN CHILDHOOD (ABUSE, NEGLECT, HOUSEHOLD VIOLENCE AND DYSFUNCTION) AND RISKY BEHAVIORS AND HEALTH PROBLEMS IN ADULTHOOD THIS CONNECTION MAKES IT IMPERATIVE THAT PEDIATRIC CARE PROVIDERS RECOGNIZE THIS IMPORTANT LINK AND BEGIN DEVELOPING STRATEGIES TO PROTECT CHILDREN FROM THE HARMFUL EFFECTS OF ADVERSE CHILDHOOD EXPERIENCE THE ACE CONSORTIUM'S "STRONG COMMUNITIES RAISE STRONG KIDS" INITIATIVE SEEKS TO INSPIRE COMMUNITIES AROUND ARIZONA TO COME TOGETHER IN SUPPORTING YOUNG CHILDREN AND FAMILIES REPORT ON PHYSICAL PUNISHMENT WHAT RESEARCH TELLS US ABOUT ITS EFFECTS ON CHILDREN PHOENIX CHILDREN'S HOSPITAL HAS BEEN SELECTED AS THE "INSTITUTIONAL HOME" FOR A NEW REPORT SYNTHESIZING ONE HUNDRED YEARS OF SOCIAL SCIENCE RESEARCH ON THE EFFECTS PHYSICAL PUNISHMENT HAS ON CHILDREN THE REPORT IS NATIONALLY AND INTERNATIONALLY RECOGNIZED AS PROVIDING CONCISE AND ACCURATE SUMMARY OF OVER 100 STUDIES THAT SUPPORT THE CONCLUSION THAT PHYSICAL PUNISHMENT OF CHILDREN IS AN INEFFECTIVE PARENTING PRACTICE PHOENIX CHILDREN'S IS WORKING TO PUBLICIZE THIS IMPORTANT INFORMATION AS WELL AS PROVIDE EDUCATION ON MORE EFFECTIVE ALTERNATIVES TO ITS USE THE REPORT HAS BEEN ENDORSED BY THE AMERICAN ACADEMY OF PEDIATRICS, THE AMERICAN MEDICAL ASSOCIATION, THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY AND MANY OTHERS IT IS BEING WIDELY USED FOR EDUCATIONAL PURPOSES BY PARENTS, PROFESSIONAL ORGANIZATIONS SERVING CHILDREN AND FAMILIES, AND THE GENERAL PUBLIC APRIL IS CHILD ABUSE PREVENTION MONTH APRIL IS A TIME TO RAISE AWARENESS ABOUT CHILD ABUSE AND NEGLECT AND ENCOURAGE INDIVIDUALS AND COMMUNITIES TO SUPPORT CHILDREN AND FAMILIES NO ONE CAN DO EVERYTHING NO ONE PARENT, GRANDPARENT, TEACHER, NEIGHBOR OR ELECTED OFFICIAL, AGENCY OR INDIVIDUAL BUT EVERYONE CAN DO SOMETHING PHOENIX CHILDREN'S HAS BECOME A LEADER IN THE ONGOING FIGHT AGAINST CHILD ABUSE PLACING FOCUS ON PREVENTION THROUGHOUT THE MONTH OF APRIL, THE HOSPITAL HOSTS A SERIES OF EVENTS INCLUDING THE ANNUAL CHILDREN'S MARCH ON CHILD ABUSE PREVENTING CHILD ABUSE AND NEGLECT PARENT-PROVIDER PARTNERSHIP IN CHILD CARE (PCAN) RESEARCH HAS SHOWN EARLY CHILDHOOD PROGRAMS CAN SERVE AS AN EFFECTIVE "EARLY WARNING SYSTEM" TO DETECT RISKY SITUATIONS THAT COULD LEAD TO INFANT OR CHILD ABUSE WITH APPROXIMATELY 50% OF INFANTS, 69% OF 3 YEAR OLDS, AND 84% OF 5 YEAR OLDS IN SOME FORM OF CHILD CARE WHILE THEIR PARENT(S) WORK, IT'S ESSENTIAL CHILD CARE PROVIDERS KNOW HOW TO READ THOSE EARLY WARNING SIGNS PCAN TRAINS CHILD CARE PROFESSIONALS TO USE THEIR EVERY DAY RELATIONSHIPS WITH PARENTS - AS WELL AS CURRENT RESEARCH AND INFORMATION - TO SUPPORT AND STRENGTHEN FAMILIES IN THE EFFORT TO PREVENT CHILD ABUSE INJURY PREVENTION EACH YEAR, MORE THAN 6,500 U.S. CHILDREN UNDER THE AGE OF 14 ARE KILLED BY PREVENTABLE INJURIES VERIFIED TRAUMA CENTERS ARE NATIONAL LEADERS IN PREVENTING INJURIES IN CHILDREN AT PHOENIX CHILDREN'S, OUR INJURY PREVENTION PROGRAMS ADDRESS THE MOST COMMON CAUSES OF CHILDHOOD INJURY WITH PROGRAMS THAT REACH PARENTS AND CHILDREN WITH IMPORTANT SAFETY MESSAGES AND SKILLS</p>

Form and Line Reference	Explanation
DROWNING AWARENESS AND PREVENTION	<p>WITH THE HELP OF A VERY SPECIAL FAMILY, PHOENIX CHILDREN'S DEVELOPED WATER WATCHERS, A SIGNATURE INJURY PREVENTION PROGRAM TO COUNTER THE EPIDEMIC OF CHILD DROWNINGS IN OUR DESERT CITY FOR THE COMMUNITY AND THE WATER WATCHERS PROGRAM, 2008 WAS A YEAR OF MANY HIGHS AND LOWS -- THE FAMILY OF WESTON LETTER RECOGNIZED THE TEN YEAR ANNIVERSARY OF HIS DEATH AT THE AGE OF THREE AND A HALF, HE DROWNED IN HIS FAMILY'S BACKYARD SWIMMING POOL THE WATER WATCHERS PROGRAM WAS DEVELOPED IN HIS HONOR THE ACCOMPLISHMENTS OF THE PROGRAM BRING HIS FAMILY COMFORT - TEACHING THE COMMUNITY THAT TRAGEDY KNOWS NO BOUNDARIES IS IMPORTANT, AND PROVIDING FAMILIES WITH REAL-LIFE SOLUTIONS TO KEEPING CHILDREN SAFE AROUND WATER HELPS THEM TO KNOW THAT THEY'VE MADE A DIFFERENCE AND THE WATER WATCHERS PROGRAM DID MAKE A DIFFERENCE IN THE COMMUNITY PHOENIX CHILDREN'S IS A LEADER IN CHILDREN'S WATER SAFETY EDUCATION, BRINGING SOME OF THE MOST INNOVATIVE PROGRAMS IN THE COUNTRY TO OUR COMMUNITY OUR ANNUAL WATER SAFETY DAY IS HELD RIGHT AT THE OFFICIAL KICKOFF OF SWIMMING SEASON AT THIS ANNUAL EVENT, WE BRING MORE THAN 1,000 FIRST GRADE STUDENTS TO A LOCAL COMMUNITY COLLEGE TO LEARN ABOUT WATER SAFETY USING OUR AWARD-WINNING CURRICULUM, "WATER SAFETY IS FOR YOU, AND THE HANDS-ON LEARNING ACTIVITIES AT THE EVENT, WE HAVE BEEN ABLE TO PRODUCE CONSISTENT IMPROVEMENT IN CHILDREN'S COMPREHENSION OF KEY WATER SAFETY CONCEPTS ACROSS THE VALLEY, MANY SCHOOLS DOWNLOADED AND UTILIZED FREE WATER WATCHER'S CURRICULUM TO EDUCATE CHILDREN ABOUT THE DANGERS OF DROWNINGS CURRICULUM MATERIALS WERE PROVIDED TO MORE THAN 100 SCHOOLS THIS STATEWIDE EFFORT FOCUSES ON PURPLE RIBBONS TO REMEMBER THOSE TOUCHED BY CHILD DROWNINGS AND ENCOURAGES SAFETY AROUND THE WATER DROWNING IMPACT AWARENESS MONTH IS ARIZONA'S LARGEST COLLABORATIVE EFFORT TO PREVENT DROWNINGS SINCE THE FIRST YEAR OF THIS VITAL CAMPAIGN, MORE THAN 700,000 PURPLE RIBBONS HAVE BEEN DISTRIBUTED THE EFFORT INCLUDES RIBBONS WORN BY SUPPORTERS, PROCLAMATIONS FROM THE GOVERNOR AND MAYORS ACROSS THE STATE, EVENTS, AND A STATEWIDE FOCUS ON WATER SAFETY WORKING WITH THE MEDIA REGULARLY, THE WATER WATCHERS PROGRAM HELPS FAMILIES TO UNDERSTAND HOW DROWNINGS OCCUR AND TO RECOGNIZE NEW TRENDS IN INCIDENTS AND PREVENTION STRATEGIES THROUGHOUT THE VALLEY, WATER WATCHERS REPRESENTATIVES ATTENDED COMMUNITY EVENTS, PROVIDED SUPPLIES, AND GAVE EDUCATIONAL PRESENTATIONS TO MORE THAN 4,000 FAMILIES ON A LOCAL AND NATIONAL LEVEL, WATER WATCHERS REPRESENTATIVES SUPPORT DROWNING PREVENTION ORGANIZATIONS LIKE THE NATIONAL DROWNING PREVENTION ALLIANCE, ACTING AS AN ADVOCATE FOR FAMILIES TOUCHED BY DROWNING AND HELPING TO ADVANCE EDUCATION ABOUT PREVENTION ACROSS AMERICA HELMET YOUR BRAIN ACCORDING TO THE 2005 ARIZONA YOUTH RISK BEHAVIOR SURVEY, 87 PERCENT OF STUDENTS WHO RODE A BICYCLE DURING THE PREVIOUS 12 MONTHS REPORTED THAT THEY NEVER OR RARELY WORE A BICYCLE HELMET WHILE WEARING A HELMET WON'T PREVENT A CRASH, IT CAN PREVENT LIFE-LONG DISABILITY - OR EVEN DEATH - THAT CAN RESULT FROM A BRAIN INJURY WEARING A HELMET REDUCES A CHILD'S RISK OF SERIOUS BRAIN INJURY BY 88 PERCENT NEARLY HALF OF ALL BIKE-RELATED HOSPITALIZATIONS HAVE A DIAGNOSIS OF TRAUMATIC BRAIN INJURY THE GOAL OF PHOENIX CHILDREN'S HELMET YOUR BRAIN PROGRAM IS TO TEACH CHILDREN TO GET INTO THE HELMET HABIT THIS SAFETY AWARENESS PROGRAM REACHED MORE THAN 2,000 KIDS AND FAMILIES IN 2006 A HELMET YOUR BRAIN PROGRAM BOX AND CURRICULUM IS AVAILABLE TO TEACHERS AND COMMUNITY ORGANIZATIONS BICYCLE "DRIVER" EDUCATION MORE THAN 80 PERCENT OF BICYCLE-RELATED FATALITIES INVOLVING CHILDREN UNDER THE AGE OF 14 ARE DUE TO THE BICYCLIST'S BEHAVIOR BICYCLE "DRIVER" EDUCATION IS SIMILAR TO DRIVER'S EDUCATION, BUT THE VEHICLE IS A BIKE, SKATEBOARD OR SCOOTER TEACHING CHILDREN HOW TO THINK, BEHAVE AND RESPOND LIKE A "DRIVER" ADDS A NEW DIMENSION OF RESPONSIBILITY TO RIDING A BICYCLE THIS CURRICULUM PROVIDED BY PHOENIX CHILDREN'S TEACHES MIDDLE SCHOOL STUDENTS ACROSS THE VALLEY HOW TO PREVENT ACCIDENTS, HOW TO CROSS INTERSECTIONS, OBEY TRAFFIC SIGNALS, RIDE SAFELY AT NIGHT, AND MAKE SAFE DECISIONS IN TRAFFIC KIDS RIDE SAFE IN ARIZONA, MOTOR VEHICLE COLLISIONS ARE THE MOST COMMON CAUSE OF PREVENTABLE DEATHS OF CHILDREN USING THE APPROPRIATE CAR SEAT DRASTICALLY REDUCES A CHILD'S RISK OF INJURY OR DEATH THE RIDE SAFE PROGRAM REACHES OUT TO PARENTS ABOUT THE IMPORTANCE AND CORRECT USE OF CAR SEATS, BOOSTER SEATS AND RESTRAINTS PHOENIX CHILDREN'S PARTNERS WITH "SAFE KIDS" AS WELL AS LOCAL FIRE AND POLICE DEPARTMENTS TO HOST COMMUNITY CAR SEAT CHECKS OUR TRAINED TECHNICIANS CHECK CAR SEAT INSTALLATIONS, TRAIN PARENTS AND, IN SOME CASES, DISTRIBUTE DONATED CAR SEATS</p>

Form and Line Reference	Explanation
PART VI, LINE 6	IN 2011 PCH ENTERED A STRATEGIC ALLIANCE WITH DIGNITY HEALTHCARE BY COMBINING OUR PEDIATRIC PROGRAMS, WE ELEVATE THE OVERALL PEDIATRIC CARE OFFERED IN THE STATE OF ARIZONA AND ACHIEVE A LEVEL THAT WILL BE ON PAR WITH LEADING CHILDREN'S HOSPITALS MORE QUICKLY AND EFFICIENTLY THAN DOING SO ALONE THIS STRATEGIC ALLIANCE WITH DIGNITY WILL HELP US TO - IMPROVE ACCESS TO HIGHER QUALITY PEDIATRIC HEALTHCARE SERVICES IN A COST EFFECTIVE MANNER, WHICH IS ESSENTIAL IN THIS ECONOMIC ENVIRONMENT - ENHANCE RECRUITMENT AND DEVELOPMENT OF RESOURCES FOR NEW AND EXISTING HOSPITAL SERVICES AND PROGRAMS - MAINTAIN AND ENHANCE MEDICAL SERVICES FOR THE UNDERSERVED - DEVELOP COMPREHENSIVE PROGRAMS AND REGIONAL CENTERS OF EXCELLENCE - MEET THE NEEDS OF THE TREMENDOUS GROWTH IN DEMAND FOR PEDIATRIC HEALTHCARE SERVICES IN ARIZONA - SUPPORT OUR VISION TO BE THE PRIMARY AND TRUSTED RESOURCE FOR THE DEVELOPMENT OF PUBLIC POLICY RELATED TO CHILDREN'S HEALTHCARE IN ARIZONA- ACCELERATE THE DEVELOPMENT OF RESEARCH PROGRAMS

Additional Data

Software ID:
Software Version:
EIN: 86-0422559
Name: Phoenix Children's Hospital

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	PHOENIX CHILDREN'S HOSPITAL 1919 E THOMAS ROAD PHOENIX, AZ 850167710 WWW.PHOENIXCHILDRENS.ORG SH3107			X				X			
2	PHOENIX CHILDREN'S-MERCY GILBERT CTR 3555 S VAL VISTA DRIVE GILBERT, AZ 85297 WWW.DIGNITYHEALTH.ORG/MERCYGILBERT/ SH6849			X							

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
1 1 - Phoenix Children's Hospital 1920 E Cambridge Ave Phoenix, AZ 85006	Surgery Center
1 2 - Phoenix Children's Spclty Urgent Care 1665 N Avondale Blvd Avondale, AZ 85392	Specialty & Urgent Care Center
2 3 - Phoenix Children's Hospital 5131 E Southern Ave Mesa, AZ 85205	Urgent Care - Specialty & Surgery Center
3 4 - Phoenix Children's Hospital 20325 N 51st Ave Glendale, AZ 85308	Specialty & Urgent Care Center
4 5 - Phoenix Children's Spclty Urgent Care 6900 E Shea Blvd Scottsdale, AZ 85254	Specialty & Urgent Care Center
5 6 - Phoenix Children's Hosp-Mercy Gilbert 3420 S Mercy Rd SUITE 121 Gilbert, AZ 85297	Specialty Care
6 7 - Phoenix Children's Hospital 3420 S Mercy Rd SUITE 121 Gilbert, AZ 85297	Clinic
7 8 - Phoenix Children's Hrt Ctr-Scottsdale 10250 N 92nd St SUITE 212 Scottsdale, AZ 85258	Heart Center
8 9 - Phoenix Children's Heart Ctr-Glendale 5757 W Thunderbird Rd Glendale, AZ 85306	Heart Center
9 10 - Phoenix Children's HOSPITAL UMOM 3333 E VAN BUREN ST PHOENIX, AZ 85008	CLINIC
10 11 - Phoenix Children's Yuma Spclty Care 2851 S Ave B Suite 25 YUMA, AZ 85364	Specialty Care

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 (PCH) MAKES CONTRIBUTIONS TO OTHER HEALTH RELATED ORGANIZATIONS TO SUPPORT VARIOUS PROGRAMS PCH RELIES ON THE GOVERNANCE PRACTICES OF THE RECIPIENT ORGANIZATIONS TO MONITOR USE OF THE FUNDS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Phoenix Children's Hospital

Employer identification number

86-0422559

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on 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.</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	PAMELA JOHNSON-CARLSON RECEIVED SEVERANCE PAYMENTS OF \$137,308 IN 2015. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4B	PHOENIX CHILDREN'S HOSPITAL OFFERS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO CERTAIN EXECUTIVES OF THE ORGANIZATION. ELIGIBLE PARTICIPANTS ARE SELECTED BY THE BOARD OF DIRECTORS. PARTICIPANT VESTING OCCURS UPON RETIREMENT, DISABILITY BEFORE SEPARATION, INVOLUNTARY SEPARATION (OTHER THAN FOR CAUSE) OR DEATH. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE SERP PLAN DURING 2015 AND THEIR DEFERRED COMPENSATION AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C): CRAIG MCKNIGHT, CARMEN NEUBERGER, DENNIS LUND, MD, BETSY KUZAS, ROGER LOGAN, BOB CAMPBELL, DAVID HIGGINSON, STACY NICHOLSON. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE SERP PLAN AND RECEIVED TAXABLE SERP PAYOUTS DURING 2015 THAT ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION: ROBERT L MEYER - \$324,839; CRAIG MCKNIGHT - \$333,247; THOMAS DIEDERICH - \$47,583.
SCHEDULE J, PART I, LINE 7	ROBERT L MEYER, CRAIG MCKNIGHT, CARMEN NEUBERGER, DENNIS LUND, MD, BETSY KUZAS, THOMAS DIEDERICH, PAMELA JOHNSON-CARLSON, DAVID HIGGINSON, ROBERT CAMPBELL, JULIE BOWMAN, AND ROGER LOGAN WERE ELIGIBLE FOR THE DISCRETIONARY EXECUTIVE INCENTIVE PLAN OF PHOENIX CHILDREN'S HOSPITAL IN WHICH ONE OF THE PERFORMANCE MEASURES WAS EARNINGS BEFORE INTEREST, DEPRECIATION AND AMORTIZATION. THIS INCENTIVE PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE.
SCHEDULE J, PART II	ELIZABETH ZORN, MD RECEIVED COMPENSATION FOR MEDICAL SERVICES RENDERED IN THE CAPACITY OF STAFF PHYSICIAN FOR PHOENIX CHILDREN'S HOSPITAL, NOT FOR HER DUTIES AS CURRENT OR FORMER BOARD MEMBER. RANDAL CHRISTENSEN, MD RECEIVED COMPENSATION FOR MEDICAL SERVICES RENDERED IN THE CAPACITY OF STAFF PHYSICIAN FOR PHOENIX CHILDREN'S HOSPITAL, NOT FOR HIS DUTIES AS CURRENT BOARD MEMBER. MICHAEL RITCHEY, MD RECEIVED COMPENSATION FOR MEDICAL SERVICES RENDERED IN THE CAPACITY OF STAFF PHYSICIAN FOR PHOENIX CHILDREN'S HOSPITAL, NOT FOR HIS DUTIES AS CURRENT BOARD MEMBER.

Additional Data

Software ID:
Software Version:
EIN: 86-0422559
Name: Phoenix Children's Hospital

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT L MEYER DIRECTOR/PRESIDENT & CEO	(i)	936,680	1,229,850	354,323	0	10,739	2,531,592	324,839
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
1 RANDAL CHRISTENSEN MD PRESIDENT, MEDICAL STAFF	(i)	235,241	14,838	12,733	10,179	8,973	281,964	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2 MICHAEL RITCHEY MD PRESIDENT, MEDICAL STAFF	(i)	635,472	41,362	40,579	8,727	12,093	738,233	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3 CRAIG MCKNIGHT EXECUTIVE VP & CFO/TREASURER	(i)	460,757	445,500	358,219	21,947	9,302	1,295,725	333,247
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
4 CARMEN NEUBERGER SVP/GENERAL COUNSEL/SECRETARY	(i)	337,266	242,550	21,250	62,552	7,579	671,197	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5 BETSY KUZAS EXECUTIVE VICE PRESIDENT & COO	(i)	454,110	425,330	20,373	88,148	4,985	992,946	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
6 DAVID HIGGINSON SENIOR VICE PRESIDENT & CIO	(i)	327,765	260,775	19,055	55,062	4,437	667,094	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
7 BOB CAMPBELL SVP BUSINESS DEVELOPMENT & CSO	(i)	343,726	253,575	21,303	63,719	4,816	687,139	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8 JULIE BOWMAN RN SVP, PATIENT CARE SERVICES & CNO	(i)	261,802	70,590	17,854	0	8,266	358,512	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9 STACY NICHOLSON MD PHYSICIAN IN CHIEF	(i)	386,060	0	37,457	31,523	10,694	465,734	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10 STEVEN SPALDING MD CHIEF CLINICAL INTEG & MED OFF	(i)	153,360	25,000	12,334	0	4,927	195,621	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
11 JOHN HAMILTON SVP & COO - PCMG	(i)	236,907	30,000	59,734	4,154	9,692	340,487	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
12 DENNIS LUND MD THRU 215 EVP, PCMG & SURGEON IN CHIEF	(i)	107,380	459,635	19,412	21,954	1,816	610,197	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
13 THOMAS DIEDERICH SENIOR VP, HUMAN RESOURCES	(i)	310,684	279,108	22,594	10,600	8,220	631,206	47,583
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
14 ROGER LOGAN SENIOR VP, PRACTICE OPERATIONS	(i)	400,556	163,590	24,098	44,662	13,494	646,400	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
15 PHILIP ADELSON MD DIVISION CHIEF	(i)	1,202,291	165,940	25,483	10,600	14,985	1,419,299	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
16 DANIEL VELEZ MD STAFF PHYSICIAN	(i)	894,222	161,247	20,609	10,600	11,039	1,097,717	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
17 JOHN NIGRO MD DIVISION CHIEF	(i)	891,706	161,247	22,001	10,600	13,017	1,098,571	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
18 DAVID SHAFRON MD STAFF PHYSICIAN	(i)	721,767	62,288	20,669	6,400	10,668	821,792	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
19 RUTH BRISTOL MD STAFF PHYSICIAN	(i)	723,075	32,908	19,161	10,600	11,661	797,405	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 PAMELA JOHNSON-CARLSON SENIOR VICE PRESIDENT & CNO	(i)	0	41,540	137,308	0	0	178,848	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
1 ELIZABETH ZORN MD PAST PRESIDENT, MEDICAL STAFF	(i)	312,984	19,948	136,941	10,600	9,366	489,839	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury

Internal Revenue Service

Name of the organization

Phoenix Children's Hospital

Employer identification number

86-0422559

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507NG6	02-26-2013	280,805,274	SEE PART VI		X		X		X
B	ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040506MX2	09-06-2012	301,690,236	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	281,426,848	302,535,319						
4	Gross proceeds in reserve funds	14,498,648	22,969,476						
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	4,566,579	4,723,071						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	262,361,621	274,842,772						
12	Other unspent proceeds								
13	Year of substantial completion	2014	2012						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2 000 %		2 000 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5	2 000 %		2 000 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b Name of provider	MERRILL LYNCH							
c Term of hedge	10 0000000000 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINE A, COLUMN (F)	DESCRIPTION OF PURPOSE - REFUNDING REMAINING SERIES 2007 BONDS AND ESTABLISHING PROJECT FUND FOR CAPITAL ACQUISITION

Return Reference	Explanation
SCHEDULE K, PART I, LINE B, COLUMN (F)	DESCRIPTION OF PURPOSE - REFUNDING \$225,000,000 OF THE SERIES 2007 BONDS ISSUED 01/31/07

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Phoenix Children's Hospital

Employer identification number

86-0422559

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRIAN MEYER	SON OF CEO	255,537	EMPLOYEE		No
(2) JENNIFER RISPOLI	DAUGHTER OF CEO	94,971	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
Phoenix Children's Hospital

Employer identification number

86-0422559

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 620 VOLUNTEERS DONATE THREE TO FOUR HOURS OF SERVICE IN OVER 30 AREAS IN THE HOSPITAL. 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
(5) LEVEL 1 PEDIATRIC TRAUMA CENTER	<p>PHOENIX CHILDREN'S LEVEL I PEDIATRIC TRAUMA CENTER IS ARIZONA'S PREMIER SITE FOR THE EVALUATION, STABILIZATION, TREATMENT, AND CARE OF CHILDREN WHO HAVE EXPERIENCED A TRAUMATIC INJURY. A LEVEL I PEDIATRIC TRAUMA CENTER OFFERS THE HIGHEST LEVEL OF EMERGENCY AND SURGICAL CARE TO PATIENTS, 24 HOURS A DAY, 365 DAYS OF THE YEAR. PHOENIX CHILDREN'S IS EQUIPPED TO HANDLE THE MOST SEVERELY INJURED CHILDREN IN THE SHORTEST AMOUNT OF TIME. CARE IS WAITING FOR THE PATIENT, INSTEAD OF THE PATIENT HAVING TO WAIT FOR CARE. BENEFITS INCLUDE - CARE AT A TRAUMA CENTER LOWERS THE RISK OF DEATH BY 25 PERCENT COMPARED TO NON-TRAUMA CENTERS - CHILDREN CARED FOR AT A PEDIATRIC TRAUMA CENTER HAVE A LOWER MORTALITY RATE AND SHORTER LENGTHS OF STAY COMPARED TO CHILDREN CARED FOR AT ADULT TRAUMA CENTERS - DESIGNATED TRAUMA CENTERS FOR CHILDREN HAVE 24/7 PHYSICIAN SPECIALIST COVERAGE FOR IMMEDIATE CARE OF THE INJURED CHILD. IT TAKES A DEDICATED TEAM WITH SPECIALTY TRAINING IN PEDIATRICS WORKING 24 HOURS A DAY, 7 DAYS A WEEK, TO PROVIDE THE BEST CARE FOR CHILDREN WITH TRAUMATIC INJURY. EMERGENCY TRAUMA CARE FOR INJURED CHILDREN IS SUPERVISED BY FULLY-TRAINED, BOARD-CERTIFIED SURGEONS WITH ADDITIONAL FELLOWSHIP TRAINING IN PEDIATRIC SURGERY. THESE SURGEONS LEAD A HIGHLY SKILLED TEAM THAT INCLUDES -EMERGENCY MEDICINE PHYSICIANS - ANESTHESIOLOGISTS -ORTHOPAEDIC SURGEONS -NEUROSURGEONS -SPINE SURGEONS -PEDIATRIC CRITICAL CARE SPECIALISTS (INTENSIVISTS) -PEDIATRIC RADIOLOGISTS -INTERVENTIONAL RADIOLOGISTS -HAND SURGEONS - CRANIOFACIAL PLASTIC SURGEONS -PEDIATRIC OPHTHALMOLOGISTS -PAIN MANAGEMENT SPECIALISTS -REGISTERED NURSES WITH SPECIAL TRAINING IN TRAUMA CARE -RESPIRATORY THERAPISTS -PHARMACISTS -RADIOGRAPHERS - PHYSICAL MEDICINE AND REHABILITATION PROVIDERS -SOCIAL WORKERS -BLOOD BANK TEAM SPECIALISTS -CHAPLAINS - CHILD LIFE SPECIALISTS -PATIENT CARE TECHNICIANS (6) NEWBORN INTENSIVE CARE UNIT THE NEWBORN INTENSIVE CARE UNIT (NICU) AT PHOENIX CHILDREN'S HOSPITAL IS A LEVEL IIC NURSERY, WHICH OFFERS THE HIGHEST LEVEL OF CARE AND IS THE HIGHEST CERTIFICATION GIVEN BY THE ARIZONA PERINATAL TRUST. IT IS ALSO ARIZONA'S ONLY NEURO-NICU AND THE SECOND OF ONLY A HANDFUL BUILT IN THE ENTIRE NATION. SOME OF THE CHILDREN CARED FOR ARE "PREEMIES" BORN WITH AN ARRAY OF MEDICAL CONDITIONS RELATED TO THEIR IMMATURETY, INCLUDING RESPIRATORY DISTRESS SYNDROME, HEART PROBLEMS, IMMATURE SKIN AND EYES, AND UNDER-DEVELOPED DIGESTIVE AND NEUROLOGICAL SYSTEMS. OTHER BABIES ARE BORN FULL-TERM, BUT SUFFER FROM INFECTION, CONGENITAL BIRTH DEFECTS, IN-UTERO DRUG EXPOSURE AND COMPLICATIONS FROM TRAUMATIC BIRTH. MANY OF THESE INFANTS REQUIRE SURGICAL AND SUB-SPECIALIST SERVICES, WHICH ARE ALL AVAILABLE HERE AT PHOENIX CHILDREN'S. IN THE REMARKABLY WARM, PERSONAL AND FAMILY-CENTERED SETTING PROVIDED BY PHOENIX CHILDREN'S HOSPITAL, THESE TINY AND ILL INFANTS HAVE THE BEST CHANCE TO SURVIVE AND GROW TO REACH THEIR MAXIMUM POTENTIAL. PHOENIX CHILDREN'S IS COMMITTED TO PROVIDING STATE-OF-THE-ART FACILITIES FOR THESE FRAGILE INFANTS. PHOENIX CHILDREN'S HOSPITAL'S NICU CONTAINS 33 BEDS, INCLUDING 10 PRIVATE ROOMS. THESE PRIVATE NICU ROOMS OFFER FAMILIES MORE PRIVACY AND CONTROL TO PROMOTE HEALING AND BONDING. EACH YEAR, APPROXIMATELY 400 BABIES THROUGHOUT ARIZONA AND THE SOUTHWEST ARE ADMITTED TO THIS NEWBORN INTENSIVE CARE NURSERY. PHOENIX CHILDREN'S NICU HAS A STAFF OF MORE THAN 100 HEALTHCARE PROFESSIONALS ALL SPECIALIZED IN THE UNIQUE CARE OF CRITICALLY ILL AND PREMATURE INFANTS. PHOENIX CHILDREN'S IS A REGIONAL REFERRAL CENTER FOR ECMO, A HEART-LUNG BYPASS PROCEDURE USING SPECIAL EQUIPMENT THAT DOES THE WORK OF THE INFANT'S HEART AND/OR LUNGS WHILE THEIR OWN HEART/LUNGS REST, RECOVER AND DEVELOP. NICU PATIENTS HAVE EASY ACCESS TO CONSULTS FROM PHOENIX CHILDREN'S LARGE STAFF OF PEDIATRIC SPECIALISTS AND SUB-SPECIALISTS. OTHER MAJOR MEDICAL SERVICES DOCTORS AND NURSES ARE VITAL COMPONENTS OF THE PERSONALIZED CARE TEAM. PHOENIX CHILDREN'S PROVIDES EACH OF ITS CHILDREN EQUALLY IMPORTANT TO THE HOSPITAL'S PHILOSOPHY OF CARE IS THE FAMILY. MOTHERS, FATHERS, SIBLINGS, GRANDPARENTS AND OTHER MEMBERS OF A FAMILY'S SUPPORT SYSTEM. IT'S THOSE FAMILY MEMBERS WHO ARE THE PRIMARY CAREGIVERS AND PROVIDE THE STRENGTH AND SUPPORT REQUIRED TO HELP OUR YOUNG PATIENTS RECOVER FROM ILLNESS AND INJURY. THEY PARTNER WITH THE HOSPITAL'S TEAM TO HELP DEVELOP A PLAN OF TREATMENT THAT BEST FITS THEIR PERSONAL SITUATIONS. THE HOSPITAL ALSO UNDERSTANDS THOSE FAMILY MEMBERS HAVE NEEDS, TOO. AND FOR THAT REASON PHOENIX CHILDREN'S - THROUGH ITS PATIENT AND FAMILY SERVICES DEPARTMENT - OFFERS A COMPREHENSIVE SUPPORT NETWORK FOR THE ENTIRE FAMILY THROUGH SOCIAL WORK, CHAPLAINCY AND CHILD LIFE, THE LATTER A PROGRAM DEVELOPED RIGHT HERE AT PHOENIX CHILDREN'S HOSPITAL THAT HELPS PATIENTS AND OFTEN THEIR SIBLINGS COPE EMOTIONALLY AND PHYSICALLY DURING THEIR HOSPITAL STAY BY PROVIDING AGE APPROPRIATE EDUCATION. PATIENTS GAIN A MEASURE OF CONTROL OVER THEIR OWN CARE BY LEARNING ABOUT IT THROUGH PLAY. ROUNDING OUT THE CARE TEAM ARE COMPASSIONATE AND CARING MEMBERS OF THE COMMUNITY, OUR VOLUNTEERS, WHO MAKE AN INDELIBLE DIFFERENCE IN THE LIVES OF OUR CHILDREN, FAMILIES AND STAFF. WHETHER THEY'RE ESCORTING A FAMILY TO ONE OF OUR CLINICS, SERVING AS A CANDY STRIPER OR ENTERTAINING CHILDREN IN ONE OF THE PLAYROOMS, PHOENIX CHILDREN'S VOLUNTEERS ARE THERE TO OFFER ANOTHER LEVEL OF COMFORT AND CARE. THE HOSPITAL'S PHILOSOPHY OF FAMILY-CENTERED CARE IS ALSO ONE OF THE MOTIVATIONS BEHIND ITS ALLIANCE WITH DIGNITY HEALTH. THE UNIFICATION OF THESE PEDIATRIC PROGRAMS - WHOSE MISSIONS AND VISIONS SO CLOSELY ALIGN - FORTIFIES PHOENIX CHILDREN'S COMMITMENT TO DELIVER ON ITS PROMISE TO PROVIDE HOPE, HEALING AND THE BEST HEALTH CARE TO ARIZONA'S CHILDREN AND FAMILIES. PHOENIX CHILDREN'S OFFERS WORLD-CLASS CARE IN MORE THAN 70 SUB-SPECIALTY FIELDS OF PEDIATRIC MEDICINE, INCLUDING 6 CENTERS OF EXCELLENCE. IN 2015, PHOENIX CHILDREN'S HAD 13,248 DISCHARGES, 80,091 VISITS TO THE EMERGENCY DEPARTMENT, 269,239 OUTPATIENT VISITS, AND 16,436 SURGICAL PROCEDURES. ARIZONA'S POPULATION GROWTH MEANS PHOENIX CHILDREN'S MUST GROW, TOO. THE HOSPITAL IS EXPANDING TO ADD MORE PHYSICIANS, BUILD NEW CLINICAL PROGRAMS, AND INCREASE THE NUMBER OF LICENSED BEDS TO 626 AT FULL BUILD OUT. THE CENTERPIECE OF THE EXPANSION IS AN 11-STORY TOWER THAT OPENED IN 2011. PHOENIX CHILDREN'S HAS ARIZONA'S ONLY DEDICATED PEDIATRIC DIALYSIS CENTER AND PEDIATRIC KIDNEY TRANSPLANT PROGRAM. PHOENIX CHILDREN'S HOSPITAL HAS 177 ICU BEDS, ONE OF THE LARGEST AMONG ALL FREESTANDING CHILDREN'S HOSPITALS IN THE COUNTRY, AND ONE OF ONLY A HANDFUL IN THE U.S. PERFORMING THE EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) PROCEDURE. PHOENIX CHILDREN'S HAS THE FIRST AND ONLY PEDIATRIC RADIOLOGY FELLOWSHIP PROGRAM IN ARIZONA. THE DIVISION OF RADIOLOGY OCCUPIES 45,000 SQUARE FEET OF THE FIRST FLOOR. PHOENIX CHILDREN'S OPERATES FOUR SPECIALTY AND URGENT CARE CENTERS, LOCATED IN SCOTTSDALE, THE EAST VALLEY, THE WEST VALLEY AND THE NORTHWEST VALLEY. APPROXIMATELY 51 PERCENT OF PHOENIX CHILDREN'S PATIENTS ARE COVERED BY AHCCCS, ARIZONA'S MEDICAID PROGRAM FOR LOW-INCOME FAMILIES. THE TRACHEOTOMY AND AIRWAY PROGRAM IS THE ONLY COMPREHENSIVE INPATIENT AND OUTPATIENT SERVICE IN ARIZONA THAT CARES FOR CHILDREN WITH TRACHEOSTOMIES AND HOME VENTILATORS.</p>

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	<p>PCH HAS AN EXECUTIVE COMMITTEE THAT MAY EXERCISE THE POWER AND AUTHORITY OF THE BOARD OF DIRECTORS IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS THE EXECUTIVE COMMITTEE MAY REVIEW ALL POLICY MATTERS IN CONNECTION WITH THE OPERATIONS OF THE CORPORATION AND MAY MAKE RECOMMENDATIONS WITH RESPECT TO SUCH MATTERS TO THE BOARD OF DIRECTORS</p> <p>The Executive Committee shall be composed of (1) the Chairman of the Board, (2) if designated, the Vice-Chairman of the Board, (3) the immediate past Chairman of the Board, (4) the President and Chief Executive Officer, and (v) the President of the Medical staff of PCH, if the President is serving as a director</p>

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	THE TWO MEMBERS OF PCH ARE DIGNITY HEALTH AND CHILDREN'S HEALTHCARE OF ARIZONA, INC

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	MEMBERS OF THE GOVERNING BODY ARE NOMINATED BY THE TWO CORPORATE MEMBERS, AND APPROVAL FOR ELECTION IS REQUIRED BY A MAJORITY OF THE BOARD OF DIRECTORS. DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS.

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE MEMBERS OF PCH HAVE CERTAIN RIGHTS AS OUTLINED IN THE AFFILIATION AGREEMENT AND THE BYLAWS WITH REGARD TO GOVERNANCE DECISIONS OF THE ORGANIZATION

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE FORM 990, IN DRAFT FORM, WAS PROVIDED FOR REVIEW TO THE FINANCE COMMITTEE PRIOR TO BEING PRESENTED TO THE FINANCE COMMITTEE, THE RETURN WAS REVIEWED BY THE VP OF FINANCE AND CFO THE FINAL VERSION IS DISTRIBUTED TO BOARD MEMBERS PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	PCH AND ITS AFFILIATE ORGANIZATIONS REQUIRE EACH OF ITS DIRECTORS, OFFICERS, AND VICE PRESIDENTS TO COMPLETE AN ANNUAL DISCLOSURE FORM, IDENTIFYING REAL OR POTENTIAL CONFLICTS, SUCH AS FINANCIAL RELATIONSHIPS OR INTERESTS, FAMILY OR BUSINESS ASSOCIATIONS OR EMPLOYEE RELATIONSHIPS WITH PCH AND/OR ITS DIRECTORS, OFFICERS AND KEY EMPLOYEES IF SITUATIONS ARE DISCLOSED THAT PRESENT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, THEY ARE REPORTED TO THE CEO AND THE BOARD OF DIRECTORS RESOLUTION AND/OR AVOIDANCE OF CONFLICT OF INTEREST SITUATIONS RESIDES WITH THE BOARD AND THE CEO

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	PCH 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. THIS PROCESS WAS LAST COMPLETED IN 2015.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	SUCH DOCUMENTS ARE NOT REQUIRED TO BE MADE AVAILABLE, HOWEVER, THEY WILL BE PROVIDED UPON REASONABLE REQUEST

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>OUTSOURCING PURCHASED SERVICES Program service expenses 19,003,540 Management and general expenses 5,932,260 Fundraising expenses 0 Total expenses 24,935,800 OTHER PROFESSIONAL FEES Program service expenses 12,219,963 Management and general expenses 460,153 Fundraising expenses 0 Total expenses 12,680,116 PURCHASED SERVICES - MEDICAL Program service expenses 9,497,696 Management and general expenses 198,259 Fundraising expenses 0 Total expenses 9,695,955 MEDICAL - PHYSICIANS Program service expenses 9,558,338 Management and general expenses 97,552 Fundraising expenses 0 Total expenses 9,655,890 PURCHASED SERVICES - OTHER Program service expenses 5,859,168 Management and general expenses 1,601,177 Fundraising expenses 0 Total expenses 7,460,345 CONSULTING FEES Program service expenses 2,522,856 Management and general expenses 4,124,217 Fundraising expenses 0 Total expenses 6,647,073 LAUNDRY Program service expenses 1,284,960 Management and general expenses 2,437 Fundraising expenses 0 Total expenses 1,287,397 TRANSCRIPTION Program service expenses 865,821 Management and general expenses 0 Fundraising expenses 0 Total expenses 865,821 COLLECTION AGENCIES Program service expenses 336,639 Management and general expenses 422,246 Fundraising expenses 0 Total expenses 758,885 SUBCONTRACTS Program service expenses 627,727 Management and general expenses 0 Fundraising expenses 0 Total expenses 627,727 OCCUPATIONAL HEALTH - OTHER Program service expenses 0 Management and general expenses 5,246 Fundraising expenses 0 Total expenses 5,246</p>

Return Reference	Explanation
Form 990, Part XI, line 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS -3,473,672 NET ASSET TRANSFER FOR DONOR MATCH 3,437,500

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047
2015
Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Phoenix Children's Hospital

Employer identification number

86-0422559

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
(1) PHOENIX CHILDREN'S CARE NETWORK LLC 1919 E THOMAS ROAD PHOENIX, AZ 85016 46-2046629	HEALTHCARE	AZ	689,141	0	PCH

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 FOUNDATION 1919 E THOMAS ROAD PHOENIX, AZ 85016 74-2421549	SUPPORT	AZ	501(c)(3)	7	PCH	Yes	
(2) CAMBRIDGE ARIZONA INSURANCE COMPANY 333 E OSBORN ROAD SUITE 300 PHOENIX, AZ 85012 26-1756912	INSURANCE	AZ	501(c)(3)	11A - I	PCH	Yes	
(3) CHILDREN'S HEALTHCARE OF ARIZONA INC 1919 E THOMAS ROAD PHOENIX, AZ 85016 45-1474342	SUPPORT	AZ	501(c)(3)	11A - I	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PHX CHILDREN'S CARDIOLOGY (1) DIAGNOSTICS 1919 E THOMAS ROAD PHOENIX, AZ 85016 46-4850215	HEALTHCARE	AZ	PCH	RELATED	5,023,664	5,087,289		No		Yes		62 500 %
PHX CHILDREN'S PROPERTY (2) DEVELOPMENT 1919 e thomas road phoenix, AZ 85016 47-2408123	HEALTHCARE	AZ	PCH	RELATED	-788,387	15,244,344		No		Yes		90 000 %

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

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
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
(1) PHOENIX CHILDREN'S HOSPITAL FOUNDATION	C	12,344,508	BOOK VALUE
(2) PHOENIX CHILDREN'S HOSPITAL FOUNDATION	N	4,005,610	BOOK VALUE
(3) CAMBRIDGE INSURANCE COMPANY	Q	7,631,870	BOOK VALUE
(4) PHOENIX CHILDREN'S CARDIOLOGY DIAGNOSTICS LLC	C	3,437,500	BOOK VALUE

Part VII Supplemental Information

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

Return Reference**Explanation**