

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

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

C Name of organization
 THE CHILDREN'S HOSPITAL OF PHILADELPHIA
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 34TH ST CIVIC CENTER BLVD
 Suite
 City or town, state or country, and ZIP + 4
 PHILADELPHIA, PA 191044388

D Employer identification number
 23-1352166
E Telephone number
 (215) 590-1000
G Gross receipts \$ 1,933,376,702

F Name and address of principal officer
 Steven Altschuler MD
 34TH ST CIVIC CENTER BLVD
 PHILA, PA 191044388

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: www chop edu

H(c) Group exemption number

K Form of organization Corporation Trust Association Other

L Year of formation 1860

M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE CHARITABLE HEALTH CARE SERVICES TO PEDIATRIC PATIENTS		
	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	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	12,086
	6 Total number of volunteers (estimate if necessary)	6	297
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,233,714
b Net unrelated business taxable income from Form 990-T, line 34	7b	774,208	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	217,873,931	248,425,951
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,312,169,497	1,419,576,589
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,551,387	12,516,435
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,598,108,567	1,740,759,630
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,407,723	66,893,554
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	672,762,353	718,166,743
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	741,788,793	754,611,243
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,439,958,869	1,539,671,540
19 Revenue less expenses Subtract line 18 from line 12	158,149,698	201,088,090	
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)	2,635,569,308	2,884,208,812
	22 Net assets or fund balances Subtract line 21 from line 20	1,341,160,838	1,305,964,058
		1,294,408,470	1,578,244,754

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including 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
 THOMAS TODOROW EVP & CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer Use Only
 Ppnt/Type preparer's name Preparer's signature
 Firm's name PricewaterhouseCoopers LLP
 Firm's address 2001 MARKET ST STE 1700
 PHILADELPHIA, PA 19103

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

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission

PROVIDE CHARITABLE HEALTH CARE SERVICES TO PEDIATRIC PATIENTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 895,538,607 including grants of \$ 10,000,000) (Revenue \$ 1,449,362,797)

THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDED IN 1855, IS THE NATION'S FIRST HOSPITAL DEDICATED EXCLUSIVELY TO PEDIATRICS THE HOSPITAL STRIVES TO BE THE WORLD LEADER IN THE ADVANCEMENT OF HEALTH CARE FOR CHILDREN BY INTEGRATING EXCELLENT PATIENT CARE, INNOVATIVE RESEARCH, AND QUALITY PROFESSIONAL EDUCATION INTO ALL OF ITS PROGRAMS THE HOSPITAL IS AN INTEGRATED PEDIATRIC HEALTH CARE DELIVERY SYSTEM THAT PROVIDES QUATERNARY AND ACUTE LEVEL PEDIATRIC SERVICES AS WELL AS EMERGENCY, PRIMARY, SPECIALTY, HOMECARE, AND POISON CONTROL CARE FOR CHILDREN THE HOSPITAL TREATS CHILDREN WITHIN ITS SERVICE AREA IRRESPECTIVE OF ABILITY TO PAY DURING THE YEAR ENDED JUNE 30, 2013, THE HOSPITAL WROTE OFF \$90,439,380 IN CHARGES FOR SERVICES RENDERED APPLICABLE TO FREE CARE, CHARITY AND UNCOLLECTIBLE ACCOUNTS THE CHILDREN'S HOSPITAL OF PHILADELPHIA HAS BEEN RATED AS THE BEST CHILDREN'S HOSPITAL IN THE COUNTRY BY U S NEWS & WORLD REPORT (2003-2013) AND PARENTS MAGAZINE, IN ITS FIRST SURVEY (2009) and again in 2013 IN THE 2012-13 U S NEWS SURVEY, CHOP RANKED IN THE TOP FOUR NATIONWIDE IN ALL 10 SPECIALTIES FOR THE YEAR ENDED JUNE 30, 2013 1) TOTAL INPATIENT DAYS 154,551 2) TOTAL INPATIENT ADMISSIONS 28,996 3) TOTAL EMERGENCY DEPARTMENT VISITS 90,378 4) TOTAL SPECIALTY CARE VISITS 349,773 5) TOTAL PRIMARY CARE VISITS 708,585 6) TOTAL HOME CARE VISITS 427,599 (PATIENT DAYS) 20,763(EQP RENTAL) 7) DAY SURGERY VISITS 44,388

4b (Code) (Expenses \$ 265,557,011 including grants of \$ 56,893,554) (Revenue \$ 22,934,650)























The Hospital has an extensive research program Its educational programs include the largest or second largest pediatric residency program in the country The hospital is engaged in numerous community benefit activities and a variety of community outreach programs (see www chop edu)

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 1,161,095,618

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		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? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> 		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	

Part IV Checklist of Required Schedules *(continued)*

<p>21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> </p>	<p>21</p>	<p>Yes</p>	
<p>22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> </p>	<p>22</p>		<p>No</p>
<p>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> </p>	<p>23</p>	<p>Yes</p>	
<p>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 25</i> </p>	<p>24a</p>	<p>Yes</p>	
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>	<p>Yes</p>	
<p>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?</p>	<p>24c</p>		<p>No</p>
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		<p>No</p>
<p>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> </p>	<p>25a</p>		<p>No</p>
<p>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> </p>	<p>25b</p>		<p>No</p>
<p>26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> </p>	<p>26</p>		<p>No</p>
<p>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> </p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> </p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> </p>	<p>28b</p>	<p>Yes</p>	
<p>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> </p>	<p>28c</p>	<p>Yes</p>	
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>		<p>No</p>
<p>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></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>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></p>	<p>32</p>		<p>No</p>
<p>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> </p>	<p>33</p>	<p>Yes</p>	
<p>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> </p>	<p>34</p>	<p>Yes</p>	
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>	<p>Yes</p>	
<p>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> </p>	<p>35b</p>	<p>Yes</p>	
<p>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> </p>	<p>36</p>		<p>No</p>
<p>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> </p>	<p>37</p>		<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 547		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
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. 2a 12,086		
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?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		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. 7d		
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the 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. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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. 13a		
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. 13b		
13c	Enter the amount of reserves on hand. 13c		
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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
THOMAS TODOROW 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA (215) 590-1000

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							18,485,188	2,316,973	2,623,529	

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 **1,200**

	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>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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>		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
Madison Concrete Construction , 130 Quaker Lane Malvern PA 19355	Construction Service	38,412,463
Owen Steel Company Inc , 727 Mauney Drive Columbia SC 29201	Construction Service	32,151,641
Turner Construction Company , 1835 Market St 21st Floor Philadelphia PA 19103	Construction Service	22,920,799
LF Driscoll Company LLC , 9 Presidential Blvd PO Box 468 Bala Cynwyd PA 19004	Construction Service	11,743,586
Intech Construction Inc , 3001 Market St Philadelphia PA 19104	Construction Service	9,239,428

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 **87**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	43,033,588				
	e	Government grants (contributions) 1e	191,222,803				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	14,169,560				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	248,425,951				
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	900099	1,394,387,815	1,392,154,101	2,233,714	
	b	Poison Center Receipts	900099	701,453	701,453		
	c	Research	900099	22,934,650	22,934,650		
	d	Home Care - Hemophilia	621610	1,552,671	1,552,671		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		1,419,576,589				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,151,713		3,151,713	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		418,374		418,374	
	6a	(i) Real		(ii) Personal			
		4,867,709					
		4,867,709		0			
		d Net rental income or (loss)				4,867,709	4,867,709
	7a	(i) Securities		(ii) Other			
		201,981,794					
		192,617,072					
		9,364,722					
	d	Net gain or (loss)				9,364,722	9,364,722
	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		0			
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses b						
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances		a				
	Less cost of goods sold b		b				
	Net income or (loss) from sales of inventory				0		
Miscellaneous Revenue		Business Code					
11a	Indirect Public Support - Research revenue	900099	28,458,349	28,458,349			
b	Contribution Released from Restrictions	900099	8,931,598	8,931,598			
c	Parking Garage Revenue	812930	5,078,325	5,078,325			
d	All other revenue		12,486,300	12,486,300			
e	Total. Add lines 11a-11d		54,954,572				
12	Total revenue. See Instructions		1,740,759,630	1,472,297,447	2,233,714	17,802,518	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	64,163,731	64,163,731		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	2,729,823	2,729,823		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	15,640,054		15,640,054	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	552,356,303	362,255,856	190,100,447	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,312,620	25,072,743	14,239,877	
9	Other employee benefits	60,731,406	38,733,184	21,998,222	
10	Payroll taxes	50,126,360	31,969,514	18,156,846	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,752,115		1,752,115	
c	Accounting	576,578		576,578	
d	Lobbying	751,300		751,300	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	170,251		170,251	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	87,565,967	65,592,614	21,973,353	
12	Advertising and promotion	3,878,543		3,878,543	
13	Office expenses	19,799,838	9,390,069	10,409,769	
14	Information technology	3,709,151	2,781,863	927,288	
15	Royalties	1,998,618		1,998,618	
16	Occupancy	28,829,546	1,658,149	27,171,397	
17	Travel	4,084,056	3,063,042	1,021,014	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,668,724	2,001,543	667,181	
20	Interest	14,497,073	10,872,805	3,624,268	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	117,591,129	88,193,347	29,397,782	
23	Insurance	32,206,505	24,826,628	7,379,877	
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	Research Expense	265,557,011	265,557,011		
b	Patient Related Supplies	157,247,185	157,247,185		
c	Miscellaneous Expense	8,331,936	2,439,723	5,892,213	
d	Dues and Subscriptions	3,395,717	2,546,788	848,929	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,539,671,540	1,161,095,618	378,575,922	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 to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	216,909,459	2	332,392,535
	3 Pledges and grants receivable, net	29,560,817	3	26,601,732
	4 Accounts receivable, net	208,859,464	4	238,817,113
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	7,717,000	7	14,792,000
	8 Inventories for sale or use	2,989,787	8	3,570,285
	9 Prepaid expenses and deferred charges	11,693,037	9	12,902,126
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 3,064,918,597		
	b Less accumulated depreciation	10b 1,355,546,661	1,594,717,090	10c 1,709,371,936
	11 Investments—publicly traded securities	198,774,572	11	135,168,790
	12 Investments—other securities. See Part IV, line 11	86,821,077	12	52,826,745
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	277,527,005	15	357,765,550
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,635,569,308	16	2,884,208,812	
Liabilities	17 Accounts payable and accrued expenses	237,247,757	17	259,012,563
	18 Grants payable	0	18	0
	19 Deferred revenue	56,204,684	19	56,636,678
	20 Tax-exempt bond liabilities	773,395,266	20	756,870,056
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24.) Complete Part X of Schedule D	274,313,131	25	233,444,761
	26 Total liabilities. Add lines 17 through 25	1,341,160,838	26	1,305,964,058
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	1,240,221,081	27	1,515,552,820
	28 Temporarily restricted net assets	54,187,389	28	62,691,934
	29 Permanently restricted net assets	0	29	0
	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	1,294,408,470	33	1,578,244,754	
34 Total liabilities and net assets/fund balances	2,635,569,308	34	2,884,208,812	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,740,759,630
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,539,671,540
3	Revenue less expenses Subtract line 2 from line 1	3	201,088,090
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,294,408,470
5	Net unrealized gains (losses) on investments	5	3,283,922
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	79,464,272
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,578,244,754

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: 23-1352166
Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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			
STEVEN M ALTSCHULER MD CEO & TRUSTEE	40 0 5 0	X		X				4,306,951	0	1,584,567
N SCOTT ADZICK MD TRUSTEE	1 0 44 0	X						0	1,371,634	134,829
ALAN COHEN MD TRUSTEE	1 0 44 0	X						0	945,339	46,377
TRISTRAM C COLKET JR HON VICE CHAIRMAN & TRUSTEE	1 0 1 0	X						0	0	0
CLARK HOOPER BARUCH SECRETARY & TRUSTEE	1 0 2 0	X						0	0	0
ARTHUR DANTCHIK TRUSTEE	1 0 2 0	X						0	0	0
MARK FISHMAN VICE CHAIRMAN & TRUSTEE	1 0 2 0	X		X				0	0	0
LYNNE L GARBOSE ESQ TRUSTEE	1 0 1 0	X						0	0	0
ANTHONY A LATINI TREASURER & TRUSTEE	1 0 1 0	X		X				0	0	0
SHIRLEY HILL TRUSTEE	1 0 1 0	X						0	0	0
JAMES L MCCABE TRUSTEE	1 0 1 0	X						0	0	0
JOHN MILLIGAN CPA TRUSTEE	1 0 1 0	X						0	0	0
FRED N BIESECKER TRUSTEE	1 0 1 0	X						0	0	0
ASUKA NAKAHARA TRUSTEE	1 0 1 0	X						0	0	0
JEFFREY E PERELMAN TRUSTEE	1 0 1 0	X						0	0	0
R ANDERSON PEW HON VICE CHAIRMAN & TRUSTEE	1 0 1 0	X						0	0	0
GERALD D QUILL TRUSTEE	1 0 1 0	X						0	0	0
MARK DENNEEN TRUSTEE	1 0 1 0	X						0	0	0
DAVID B RUBENSTEIN TRUSTEE	1 0 1 0	X						0	0	0
SHARAD MANSUKANI TRUSTEE	1 0 2 0	X						0	0	0
SALEM D SHUCHMAN TRUSTEE	1 0 2 0	X						0	0	0
KORNELIS SMIT TRUSTEE	1 0 1 0	X		X				0	0	0
BINNEY WIETLISBACH TRUSTEE	1 0 1 0	X						0	0	0
ANNE FAULKNER SCHOEMAKER TRUSTEE	1 0 2 0	X						0	0	0
NANCY WOLFSON TRUSTEE	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MORTIMER J BUCKLEY III CHAIRMAN & TRUSTEE	1 0 1 0	X		X				0	0	0
DOMINIC J CARUSO TRUSTEE	1 0 1 0	X						0	0	0
AMINTA HAWKINS BREAUX PHD TRUSTEE	1 0 1 0	X		X				0	0	0
A LORRIS BETZ MD PHD TRUSTEE	1 0 1 0	X						0	0	0
DANIEL T ROBLE TRUSTEE	1 0 1 0	X						0	0	0
REID BUERGER TRUSTEE	1 0 1 0	X		X				0	0	0
THOMAS J TODOROW Executive VP and CFO	40 0 4 0			X				1,711,036	0	33,453
JEFFREY D KAHN EXECUTIVE VP & GENERAL COUNSEL	40 0 1 0			X				708,878	0	36,987
MARGARET M JONES EXECUTIVE VP & CAO	40 0 1 0			X				1,177,605	0	12,781
MADELINE BELL PRESIDENT & COO	40 0 0 0				X			2,429,583	0	12,520
PHILIP JOHNSON EXECUTIVE VP & CSO	40 0 0 0				X			1,072,333	0	235,212
BRYAN WOLF MD PHD SVP & CHIEF INFORM OFFICER	40 0 1 0				X			959,261	0	145,747
KATHLEEN GORMAN SVP & CHIEF NURSING OFFICER	40 0 0 0				X			295,830	0	33,612
CHARLES S HOUGH SVP SUPPORT SERVICES	40 0 0 0				X			473,107	0	33,175
MARY TOMLINSON VP RESEARCH ADMIN & FINANCE	40 0 0 0				X			315,052	0	33,236
TOM CURRAN DEPUTY CSO	40 0 0 0				X			611,515	0	49,023
STUART SULLIVAN EVP & CHIEF DEVELOP OFFICER	40 0 0 0				X			744,764	0	33,297
PAULA AGOSTO SVP & CHIEF NURSING OFFICER	40 0 0 0				X			280,431	0	31,035
DOUGLAS CARNEY SVP FACILITIES & CONST MGMT	40 0 0 0				X			595,662	0	15,074
CYNTHIA HAINES SVP INTERNATIONAL MEDICINE	40 0 0 0					X		631,725	0	31,213
NICHOLAS P PROCYK SVP & CHIEF INVESTMENT OFFICER	40 0 0 0					X		800,555	0	29,689
ROBERT CRONER SVP HUMAN RESOURCES	40 0 0 0					X		510,168	0	32,824
THOMAS R DOLE SVP OUTPATIENT & CLINICAL SRVS	40 0 0 0					X		442,754	0	25,293
AMY LAMBERT SVP CARE NETWORK	40 0 0 0					X		417,978	0	33,585

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number

23-1352166

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV)						
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

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.
- See separate instructions.

Department of the Treasury Internal Revenue Service

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

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

Table with 2 columns: Name of the organization (THE CHILDREN'S HOSPITAL OF PHILADELPHIA) and Employer identification number (23-1352166)

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)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -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"/> Yes <input type="checkbox"/> No												

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		751,300
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		271,492
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		0
i Other activities?		No	
j Total Add lines 1c through 1i			1,022,792
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Schedule C, Part II-B, Line 1		During the Year ending June 30, 2013, CHOP conducted various lobbying activities through the use of its employees, volunteers, independent contractors, and other organizations. These lobbying activities were on both a federal and a state level in support of various causes, issues and reform regarding healthcare. The amounts relating to these activities are reported on Line 1.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number

23-1352166

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and other details.

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and amounts for revenues and assets.

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,082,415,000	1,091,470,000	996,877,000	936,085,000	1,330,934,000
b Contributions	22,323,000	19,711,000	16,703,000	15,834,000	17,306,000
c Net investment earnings, gains, and losses	184,538,000	36,437,000	135,849,000	92,487,000	-170,005,000
d Grants or scholarships					
e Other expenditures for facilities and programs	65,330,000	65,203,000	57,959,000	47,529,000	242,150,000
f Administrative expenses					
g End of year balance	1,223,946,000	1,082,415,000	1,091,470,000	996,877,000	936,085,000

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

- a** Board designated or quasi-endowment 86.323 %
 - b** Permanent endowment 10.399 %
 - c** Temporarily restricted endowment 3.278 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	Yes	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** Yes

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,787,712		31,787,712
b Buildings		1,859,165,802	767,967,515	1,091,198,287
c Leasehold improvements				
d Equipment		799,421,836	586,883,133	212,538,703
e Other		374,543,247	696,013	373,847,234
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,709,371,936

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part 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

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

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

Identifier	Return Reference	Explanation
SEE PAGE 5		SCHEDULE D, PART V, LINE 4 ENDOWMENT FUNDS ARE HELD BY THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION, A RELATED ENTITY. THE INTENDED USE OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION'S ENDOWMENT FUND IS FOR CAPITAL EXPENDITURES FOR EQUIPMENT, CAPITAL PROJECTS, OR OTHER CAPITAL NEEDS, MEDICAL EDUCATION PROGRAMS, AND HEALTH CARE PROGRAMS FOR MEDICAL, PATIENT AND RESEARCH SERVICES IN ACCORDANCE WITH ANY STIPULATED DONOR RESTRICTIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number

23-1352166

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		42			2,800,142
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		42			2,800,143

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-1352166

Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Grantmaking		1,595,772
Europe (Including Iceland and Greenland)			Grantmaking		65,350
Sub-Saharan Africa			Grantmaking		92,346

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking		976,354
North America		7	Program Services	TEACHING AND RESEARCH	16,953
Central America and the Caribbean		2	Program Services	TEACHING AND RESEARCH	3,934

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America		1	Program Services	TEACHING AND RESEARCH	1,949
East Asia and the Pacific		5	Program Services	TEACHING AND RESEARCH	4,640
Europe (Including Iceland and Greenland)		21	Program Services	TEACHING AND RESEARCH	38,948

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa		4	Program Services	TEACHING AND RESEARCH	1,378
Sub-Saharan Africa		2	Program Services	TEACHING AND RESEARCH	2,518

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		346,353	CHECK		N/A	FMV
		East Asia and the Pacific	CANCER TRIAL BRAIN TUMOR	184,650	CHECK		N/A	FMV
		East Asia and the Pacific		174,300	CHECK		N/A	FMV
		East Asia and the Pacific	EFFECT-CAFFEINE IN APNEA	149,800	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	PEDIATRIC CANCER TRIALS	106,642	CHECK		N/A	FMV
		North America	POS-ADJ-MED EVENT-CHILD	104,128	CHECK		N/A	FMV
		East Asia and the Pacific	PEDIATRIC CANCER TRIALS	101,200	CHECK		N/A	FMV
		Sub-Saharan Africa	EXPRESS&SEQUENCING DATA	82,509	WIRE		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	BOTSWANA TRAINING-HEALTH	81,571	CHECK		N/A	FMV
		North America	HIV ADOLESCENT COMPLIANCE	80,000	CHECK		N/A	FMV
		North America	CANCER TRIAL BRAIN TUMOR	72,450	CHECK		N/A	FMV
		North America	CANCER TRIALS - AALL	65,400	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	CANCER TRIALS - AML	64,600	CHECK		N/A	FMV
		East Asia and the Pacific	EFFECT-CAFFEINE IN APNEA	58,800	CHECK		N/A	FMV
		North America	PEDIATRIC CANCER TRIALS	45,800	CHECK		N/A	FMV
		North America		45,600	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific		43,400	CHECK		N/A	FMV
		North America		43,000	CHECK		N/A	FMV
		Europe (Including Iceland and Greenland)		42,950	CHECK		N/A	FMV
		East Asia and the Pacific		39,650	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific		37,800	CHECK		N/A	FMV
		East Asia and the Pacific		37,500	CHECK		N/A	FMV
		North America		36,400	CHECK		N/A	FMV
		North America		36,300	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		33,777	CHECK		N/A	FMV
		East Asia and the Pacific		33,200	CHECK		N/A	FMV
		North America		32,600	CHECK		N/A	FMV
		North America		23,899	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		23,550	CHECK		N/A	FMV
		North America		22,800	CHECK		N/A	FMV
		North America		22,400	CHECK		N/A	FMV
		North America		22,200	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		22,100	CHECK		N/A	FMV
		North America		20,100	CHECK		N/A	FMV
		North America		19,200	CHECK		N/A	FMV
		East Asia and the Pacific		18,000	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)		17,000	CHECK		N/A	FMV
		North America		16,200	CHECK		N/A	FMV
		North America		15,400	CHECK		N/A	FMV
		North America		15,400	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific		15,392	CHECK		N/A	FMV
		North America		14,400	CHECK		N/A	FMV
		East Asia and the Pacific		13,700	CHECK		N/A	FMV
		East Asia and the Pacific		12,400	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		12,400	CHECK		N/A	FMV
		North America		11,800	CHECK		N/A	FMV
		North America		11,700	CHECK		N/A	FMV
		North America		11,100	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific		10,262	CHECK		N/A	FMV
		Sub-Saharan Africa		9,838	WIRE		N/A	FMV
		North America		9,500	CHECK		N/A	FMV
		North America		9,500	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		8,000	CHECK		N/A	FMV
		North America		8,000	CHECK		N/A	FMV
		North America		7,750	CHECK		N/A	FMV
		North America		6,812	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific		6,600	CHECK		N/A	FMV
		East Asia and the Pacific		5,500	CHECK		N/A	FMV
		Europe (Including Iceland and Greenland)		5,400	CHECK		N/A	FMV
		North America		183,938	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		35,100	CHECK		N/A	FMV

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number 23-1352166

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? 1b If "Yes," was it a written policy? 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 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 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 6a Did the organization prepare a community benefit report during the tax year?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Financial Assistance and Means-Tested Government Programs and Other Benefits.

Part III 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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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?		No
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.		
			85,236,379
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.		
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	1,690,611
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,660,925
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,970,314
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?	9a	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.	9b	Yes

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?

1

Name, address, and primary website address

		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	THE CHILDREN'S HOSPITAL OF PHILA 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191044388	X	X	X	X		X	X			

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)

THE CHILDREN'S HOSPITAL OF PHILA

Name of hospital facility or facility reporting group _____

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	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 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" 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 Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2012</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		No
5	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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs.		No
8a	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
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, 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		Yes	No
9	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 includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	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)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	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 actions the hospital facility may take upon non-payment?	15 Yes	
16	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 patient's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a** Notified individuals of the financial assistance policy on admission
- b** Notified individuals of the financial assistance policy prior to discharge
- c** Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d** Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e** Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)

Section C. 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?

41

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM DESCRIPTION	PART VI, LINE 6	<p>CHOP Affiliated Entities CHOP is the parent of seven entities that each constitutes a CHOP physician practice plan Those entities are Children's Anesthesiology Associates, Ltd , Children's Health Care Associates, Inc , Children's Surgical Associates, Ltd , Radiology Associates of Children's Hospital, Inc , Children's Anesthesiology Associates of NJ, Inc , Children's Health Care Associates of NJ, Inc , and Children's Surgical Associates of NJ, Inc (each, a "Practice Plan," and, collectively, the "Practice Plans") The Practice Plans represent the physician service departments at CHOP in anesthesiology and critical care medicine, pediatrics, surgery, and radiology The Practice Plans also provide and bill for medical professional clinical services provided by CHOP physicians, provide teaching services at CHOP and at the University of Pennsylvania School of Medicine, and engage in research activities at CHOP Affiliation with the University of Pennsylvania Although the University of Pennsylvania and CHOP are separate corporate entities with no shared ownership or corporate control, they have shared a close collaborative relationship for more than half a century in furtherance of their respective missions The main campus of CHOP is adjacent to the campus of the University of Pennsylvania, including the Hospital of the University of Pennsylvania CHOP has officially been the Department of Pediatrics to the University of Pennsylvania's School of Medicine since 1929 The relationship between CHOP and the University of Pennsylvania includes collaboration on the performance of basic and clinical research, collaboration in patient care, cooperation in education and training of medical students and residents, and multiple arrangements for the joint use of facilities and equipment, such as the Proton Therapy Center owned by the University of Pennsylvania and leased for pediatric use by CHOP Affiliation with Community Hospitals CHOP has a number of affiliations with community hospitals in Pennsylvania and New Jersey under which CHOP and the community hospitals collaborate to provide access to high quality, efficient pediatric services at the community hospitals CHOP provides the hospital with pediatric services including staffing and management, emergency care services for children, and newborn and other pediatric hospital services, as well as education CHOP views these arrangements as an important part of its mission of improving access to and the quality of pediatric care in the communities it serves CHOP has seven newborn care affiliations with community hospitals in Pennsylvania, three newborn care affiliations with community hospitals in New Jersey, three pediatric care affiliations with community hospitals in Pennsylvania and three pediatric care affiliations with community hospitals in New Jersey State Filing of Community Benefit Report Part VI, Line 7 CHOP complies with all applicable reporting requirements established by the Pennsylvania ("PA") Department of Public Welfare ("DPW") for participation in the Hospital Uncompensated Care Program (the "Program") created by the PA Tobacco Settlement Act (the "TS Act"), signed into law on June 26, 2001 The Program provides for disbursement of appropriations from the Tobacco Settlement Fund to annually compensate hospitals for a portion of the uncompensated care they provide to uninsured and underinsured patients The TS Act requires that a hospital must have a plan in place to serve the uninsured and meet specific eligibility requirements Although not expressly a "community benefit report," it encompasses reporting on financial assistance and other uncompensated care</p>

Additional Data

Software ID:
Software Version:
EIN: 23-1352166
Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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

41

Name and address	Type of Facility (describe)
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 1012 LAUREL OAK RD LAUREL OAK CORP VOORHEES, NJ 08043	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 210 Mall Blvd KING OF PRUSSIA, PA 19406	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 500 WEST BUTLER AVE CHALFONT, PA 18914	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 481 JOHN YOUNG WAY OAKLANDS CORP CT EXTON, PA 19341	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK PEDIAT & ADOLES CARE 4865 MARKET STREET PHILADELPHIA, PA 19139	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 200 BOWMAN DRIVE SUITE 260 SECOND VOORHEES, NJ 08043	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 707 ALEXANDER ROAD PRINCETON, NJ 08540	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 600 HAVERFORD ROAD SUITE 100 HAVERFORD, PA 19041	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
THE CARDIAC CENTER CHOP ST PETERS UNIV HOSP 254 EASTON V MO NEW BRUNSWICK, NJ 08901	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 7700 GERMANTOWN AVENUE PHILADELPHIA, PA 19118	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 708 SHADY RETREAT ROAD SUITE 3-4 DOYLESTOWN, PA 18901	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK PEDIAT & ADOLES CARE 1900 SO BROAD ST 2ND FL UNIT 5 PHILADELPHIA, PA 19041	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 4009 BLACK HORSE PIKE MAYS LANDING, NJ 08330	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 3201 MARNE HIGHWAY MT LAUREL, NJ 08054	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 196 W SPROUL RD STE 205 SPRINGFIELD, PA 19064	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK PEDIAT & ADOLES CARE 225 COBBS CREEK PARKWAY PHILADELPHIA, PA 19139	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 1245 HIGHLAND AVE SUITE 204 ABINGTON, PA 19001	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 440 E MARSHALL ST 3RD FL NO STE 30 WEST CHESTER, PA 19380	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK FLOURTOWN COM 1811 BETHLEHEM PK STE FLOURTOWN, PA 19031	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 250 W LANCASTER AVE STE 340 PAOLI, PA 19301	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 100 WEST SPROUL RD PAV II SUITE 22 SPRINGFIELD, PA 19064	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 2006 SALEM ROAD BURLINGTON TWP, NJ 08016	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 1700 HORIZON DR SUITE 200 CHALFONT, PA 18914	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK NEWTOWN PAV 6 PENNS TRAIL STE 105 NEWTOWN, PA 18940	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK SKY VIEW MED CTR 3456 BETHLEHEM PK SOUDERTON, PA 18964	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 5003 UMBRIA STREET PHILADELPHIA, PA 19128	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 2100 KEYSTONE AVE STE 404 DREXEL HILL, PA 19026	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 390 VINEYARD WAY HOOD BLDG 500 ST WEST GROVE, PA 19390	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 505 BAYSIDE AVENUE BAYSIDE COMMONS SOMERS POINT, NJ 08244	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 2000 SPROUL ROAD SUITE 206 BROOMALL, PA 19008	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF

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

Section C. 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?

41

Name and address	Type of Facility (describe)
CHOP CARE NETWORK 795 E MARSHALL ST STE 301-307 WEST CHESTER, PA 19380	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 495 HIGHLANDS BLVD STE 100 COATESVILLE, PA 19320	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 1766 WILMINGTON PIKE GLENN MILLS, PA 19342	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 891 EAST BALTIMORE PIKE KENNETT SQUARE, PA 19348	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 176 S NEW MIDDLETON RD STE 202 MEDIA, PA 19063	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWRK PED & ADOL SPECIAL CARE 1766 WILMINGTON PIKE GLENN MILLS, PA 19342	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 1315 ROUTE 9 SOUTH CAPE MAY COURTHOUSE, NJ 08210	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 1590 MEDICAL DR SUITE E POTTSTOWN, PA 19464	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 48 SO NEW YORK RD ROUTE 9 SMITHVILLE, NJ 08201	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK 13 LAKEVIEW DRIVE GIBBSBORO, NJ 08026	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF
CHOP CARE NETWORK PEDIAT & ADOLES CARE 1340 DEKALB PIKE SUITE 4 NORRISTOWN, PA 19401	PEDIATRIC & ADOLESCENT SPECIAL CARE ASF

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number 23-1352166

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Main data table grid with 8 columns corresponding to the header above.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 221
3 Enter total number of other organizations listed in the line 1 table. 5

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Part I Line 2		The Children's Hospital of Philadelphia has established controls in place to monitor the use of grant funds both outside and within the United States. Expenditures are monitored based on the guidelines outlined by 45 CFR Part 74 Appendix E (OASC-3). It is our policy to follow the federal government-established principles for determining costs applicable to grants, contracts, and other agreements. The Hospital generally applies these same cost principles to non-federal funding. All costs posted to sponsored projects must comply with government and sponsor rules and regulations. Costs must meet several criteria: (1) costs being charged to a grant must be reasonable and necessary for meeting the objectives of the grant/project, (2) costs must be allowable in accordance with the sponsor rules and regulations, (3) costs must be allocable based on the benefit derived, cause and effect, or other equitable relationship, and (4) costs must be consistent with costs charged in similar circumstances to other sponsored projects. IN THE FISCAL YEAR ENDING JUNE 30, 2013, THE CHILDREN'S HOSPITAL OF PHILADELPHIA MADE A TEN MILLION DOLLAR PLEDGE TO THE PHILADELPHIA RONALD MCDONALD HOUSE ("RMH"). THE ENTIRE AMOUNT PLEDGED IS REPORTED ON FORM 990, PART IX, LINE 1. THE GRANT WILL BE PAID TO RMH OVER A NUMBER OF YEARS. DURING THE FISCAL YEAR, \$1,000,000 OF THE PLEDGE WAS PAID. THIS IS REPORTED ON SCHEDULE I FOR THE CURRENT YEAR.

Software ID:
Software Version:
EIN: 23-1352166
Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIV OF PAP221 FRANKLIN BLDG 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(c)(3)	9,140,722		FMV	N/A	RESEARCH
CURESEARCH FOR CHILDRENS CANCER4600 E WEST HWY BETHESDA, MD 20814	95-4132414	501(c)(3)	3,883,398		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE 555 12TH ST OAKLAND, CA 94607	94-1646278	501(c)(3)	2,420,172		FMV	N/A	RESEARCH
THE RESEARCH INST AT NATIONWIDE CHILDREN'S HOSP PO BOX 715245 COLUMBUS, OH 43260	31-1036372	501(c)(3)	2,545,170		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD HEALTH CORPORATION OF AMERICAN6803 W 64TH ST OVERLAND PARK, KS 66202	52-1421302	501(c)(3)	1,105,673		FMV	N/A	RESEARCH
UNIVERSITY OF PITTSBURGH729 SALK HALL PITTSBURGH, PA 15261	25-0965591	501(c)(3)	1,441,682		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH100 NORTH MED DRIVE SALT LAKE CITY, UT 84113	87-6000525	501(c)(3)	998,038		FMV	N/A	RESEARCH
BAYLOR COLLEGE OF MEDICINEPO BOX 297135 HOUSTON, TX 77297	74-1613878	501(c)(3)	906,826		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINCINNATI CHILDREN S HOSPITAL MEDICAL CENTER3333 BURNET AVE MLC 2011 PO BOX 60012 CINCINNATI,OH 45229	31-0833936	501(c)(3)	777,485		FMV	N/A	RESEARCH
SEATTLE CHILDREN'S HOSPITAL MEDICAL CENTERP O BOX 50020 S 216 SEATTLE,WA 98145	91-0564748	501(c)(3)	751,949		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CENTER1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(c)(3)	734,033		FMV	N/A	RESEARCH
UNIVERSITY OF NORTH CAROLINACB1350 - SUITE 2200 CHAPEL HILL, NC 27599	56-6001393	501(c)(3)	683,370		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 12529 COLLECTION CENTER DRIVE 104 AIRPORT DRIVE CHICAGO, IL 60693	52-0595110	501(c)(3)	662,374		FMV	N/A	RESEARCH
CHILDREN'S HOSP OF LOS ANGELES 4650 SUNSET BLVD MS 97 LOS ANGELES, CA 90027	95-1690977	501(c)(3)	737,807		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIV PO BOX 8500-9075 PHILADELPHIA, PA 19178	23-1352651	501(c)(3)	629,149		FMV	N/A	RESEARCH
REGENTS OF THE UNIV OF CALIF 111 ACADEMY WAY SUITE 210 IRVINE, CA 92697	94-3067788	501(c)(3)	613,558		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS NATIONAL MEDICAL CTR801 ROEDER RD SILVER SPRING, MD 20910	52-1640403	501(c)(3)	545,568		FMV	N/A	RESEARCH
NEMOURS CHILDRENS CLINICPO BOX 277802 ATLANTA, GA 30384	59-0634433	501(c)(3)	599,491		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA PO BOX 100296 GAINESVILLE, FL 32610	59-6002052	501(c)(3)	485,607		FMV	N/A	RESEARCH
ST JUDE CHILDREN'S RESEARCH 332 N LAUDERALE AVE MEMPHIS, TN 38105	41-1625029	501(c)(3)	485,260		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOK CHILDRENS MEDICAL CENTER 901 7TH AVE FORT WORTH, TX 76104	75-2051646	501(c)(3)	443,800		FMV	N/A	RESEARCH
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241	04-2774441	501(c)(3)	415,411		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION OF STATEP O BOX 9 ALBANY, NY 12201	14-1368361	501(c)(3)	403,197		FMV	N/A	RESEARCH
WASHINGTON UNIVERSITY PO BOX 60352 ST LOUIS, MO 63160	43-0653611	501(c)(3)	436,455		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTHCARE OF ATLANTA 1600 TULLIE CIRCLE NE ATLANTA, GA 30329	58-2367819	501(c)(3)	527,534		FMV	N/A	RESEARCH
KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST 16TH FL OAKLAND, CA 94612	94-1105628	501(c)(3)	377,652		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANN & ROBERT LURIE CHILDREN'S HOSPITAL OF CHICAGO 2300 CHILDRENS PLAZA BOX 47 CHICAGO, IL 60614	36-2170833	501(C)(3)	403,136		FMV	N/A	RESEARCH
MEDICAL COLLEGE OF WISCONSINMAIL STOP B140/PO BOX 6511 AURORA, CO 80045	39-0806261	501(c)(3)	370,406		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MERCY HOSP & CLINIC 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(c)(3)	355,561		FMV	N/A	RESEARCH
NEW YORK UNIVERSITY 246 GREENE ST NEW YORK, NY 10003	13-5562308	501(c)(3)	354,350		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER FOUNDATION 44 BINNEY ST BOSTON, MA 02115	04-2263040	501(c)(3)	354,131		FMV	N/A	RESEARCH
UNIVERSITY OF OKLAHOMA P O BOX 26901 SCB RM 228 OKLAHOMA, OK 73126	73-6017989	501(c)(3)	345,283		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 208005 NEW HAVEN, CT 06520	06-0646973	501(c)(3)	341,122		FMV	N/A	RESEARCH
UNIVERSITY OF ALABAMA BIRMINGHAM 1530 3RD AVE S LHRB 790 BIRMINGHAM, AL 35294	63-6005396	501(c)(3)	338,498		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTATPO BOX 1004 ROCKVILLE, MD 20850	84-0529566		332,171		FMV	N/A	RESEARCH
LOMA LINDA UNIVERSITY 11175 CAMPUS ST RM CE A 1120 LOMA LINDA, CA 92551	95-1816009	501(c)(3)	331,072		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITALS AND 2525 CHICAGO AVENUE S MINNEAPOLIS, MN 55404	41-1754276	501(c)(3)	328,100		FMV	N/A	RESEARCH
VANDERBILT UNIVERSITY MEDICAL DEPT AT 40303 ATLANTA, GA 31192	62-0476822	501(c)(3)	366,739		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXASPO BOX 841765 DALLAS, TX 75284	75-6002868	501(c)(3)	329,273		FMV	N/A	RESEARCH
UC REGENTSPO BOX 45368 SAN FRANCISCO, CA 94145	94-6036493	501(c)(3)	315,702		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUCILE PACKARD FDN FOR CHILDRENS HEALTH CARE 1000 WELCH RD STANFORD, CA 94304	77-0440090	501(c)(3)	310,850		FMV	N/A	RESEARCH
CHILDREN'S HOSPITAL CENTRAL9300 VALLEY CHILDRENS PL STE 301 MADERA, CA 93638	94-1294954	501(c)(3)	305,539		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSP OF ORANGE CO455 S MAIN ST ORANGE, CA 92868	95-2321786	501(c)(3)	301,209		FMV	N/A	RESEARCH
PENN STATE HERSHEY MEDICAL CTR227 W BEAVER AVE STATE COLLEGE, PA 16801	24-6000376	501(c)(3)	343,445		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY RESEARCH 320 W 10TH AVENUE COLUMBUS, OH 43210	31-6025986	501(c)(3)	288,477		FMV	N/A	RESEARCH
DUKE UNIVERSITY BOX 90035 DURHAM, NC 27708	56-0532129	501(c)(3)	279,586		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON PO BOX 15290 SEATTLE, WA 98115	91-6001537	501(c)(3)	270,823		FMV	N/A	RESEARCH
ADVANCE BIOSCIENCE LABS 9800 MEDICAL CENTER DR ROCKVILLE, MD 20850	62-1242262		260,150		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN INSTITUTE FOR100 N MARIO CAPECCHI DR SALT LAKE CITY, UT 84113	94-2854057	501(c)(3)	249,135		FMV	N/A	RESEARCH
MILLER CHILDRENS HOSPITAL2801 ATLANTIC AVE LONG BEACH,CA 90806	95-3527031	501(c)(3)	239,150		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREXEL UNIVERSITY 3141 CHESTNUT ST PHILADELPHIA, PA 19104	23-1352630	501(c)(3)	239,098		FMV	N/A	RESEARCH
COLUMBIA UNIVERSITY 1051 RIVERSIDE DRIVE NEW YORK, NY 10032	13-3908649	501(c)(3)	231,094		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIV OF CA SF9500 GILMAN DRIVE MAIL 0910 LA JOLLA, CA 92093	94-3281657	501(c)(3)	229,987		FMV	N/A	RESEARCH
UNIVERSITY OF VIRGINIA PO BOX 800782 CHARLOTTESVILLE, VA 22908	54-6001796	501(c)(3)	229,124		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY PO BOX 93113 CLEVELAND, OH 44193	61-6033693	501(c)(3)	224,013		FMV	N/A	RESEARCH
WAYNE STATE UNIVERSITY 4717 ST ANTOINE DETROIT, MI 48201	38-6028429	501(c)(3)	222,938		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS UNIVERSITY 3545 LAFAYETTE AVE ST LOUIS, MO 63104	43-0654872	501(c)(3)	214,338		FMV	N/A	RESEARCH
REGENTS OF THE UNIV OF MICHIGAN 3089 WOLVERINE TOWER ANN ARBOR, MI 48109	38-6006309	501(c)(3)	220,501		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL CHILDREN'S HOSPITAL 801 6TH STREET S 3003 S STATE ST ST PETERSBURG, FL 33701	59-0683252	501(c)(3)	210,890		FMV	N/A	RESEARCH
UNIV OF TEXAS HEALTH SCI CTRPO BOX 759 SAN ANTONIO, TX 78293	74-1586031	501(c)(3)	376,813		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DELAWARE PO BOX 6003 NEWARK, DE 19714	51-6000297	501(c)(3)	203,693		FMV	N/A	RESEARCH
JAMES WHITCOMB RILEY HOSPITAL699 RILEY HOSPITAL DR INDIANAPOLIS, IN 46202	35-0868147	501(c)(3)	187,502		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINAS HEALTHCARE SYSTEM PO BOX 601428 CHARLOTTE, NC 28260	56-6060481	501(c)(3)	186,550		FMV	N/A	RESEARCH
DREXEL UNIVERSITY COLLEGE OF MEDICINE 3201 ARCH ST STE 100 PHILADELPHIA, PA 19104	23-2979433	501(c)(3)	185,772		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 39216	64-6008520	501(c)(3)	180,250		FMV	N/A	RESEARCH
HACKENSACK UNIV MEDICAL CENTER 30 PROSPECT AVENUE HACKENSACK, NJ 07601	22-1487576	501(c)(3)	179,900		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE UNIVERSITY 1803 N BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(c)(3)	166,389		FMV	N/A	RESEARCH
CHILDRENS HOSPITAL OF THE KINGS DAUGHTER INC 601 CHILDRENS LN NORFOLK, VA 23507	54-0506321	501(c)(3)	165,884		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE 520 STEVENSON HALL LOUISVILLE, KY 40292	61-1014882	501(c)(3)	148,016		FMV	N/A	RESEARCH
PHOENIX CHILDREN S HOSPITAL 909 EAST BRILL STREET PHOENIX, AZ 85006	86-0422559	501(c)(3)	146,402		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS BIOMEDICAL & HEALTH335 GEORGE ST NEW BRUNSWICK, NJ 08903	46-2354111	501(c)(3)	146,151		FMV	N/A	RESEARCH
CONNECTICUT CHILDRENS MED CTR282 WASHINGTON ST HARTFORD, CT 06106	06-0646755	501(c)(3)	140,200		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEFIORE MEDICAL CENTER 111 E 210TH ST BRONX, NY 10467	13-1740114	501(c)(3)	138,642		FMV	N/A	RESEARCH
DELL CHILDRENS MEDICAL CENTER 4900 MUELLER BLVD AUSTIN, TX 78723	20-0468031	501(c)(3)	133,953		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF WISCONSIN-MADISON5-151 WISCONSIN CENTER MADISON, WI 53705	39-6006492	501(c)(3)	131,214		FMV	N/A	RESEARCH
OREGON HEALTH & SCIENCES UNIV2241 LLOYD CENTER 1500 HIGHLAND AVE PORTLAND, OR 97232	93-1176109	501(c)(3)	183,376		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSWELL PARK CANCER INSTITUTE EELM CARLTON STREETS BUFFALO, NY 14263	16-1391608	501(c)(3)	125,200		FMV	N/A	RESEARCH
UNIVERSITY OF COLORADO MAIL STOP 8313 PO BOX 6511 AURORA, CO 80045	84-1179794	501(c)(3)	123,870		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-8000642	501(c)(3)	122,745		FMV	N/A	RESEARCH
WISTAR INSTITUTE RMG54 3601 SPRUCE ST PHILADELPHIA, PA 19104	23-6434390	501(c)(3)	121,122		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVERLOOK MEDICAL CENTER 99 BEAUVOIR AVE SUMMIT, NJ 07901	51-0194054	501(c)(3)	119,075		FMV	N/A	RESEARCH
MONTGOMERY EARLY LEARNING CTR 201 SABINE AVENUE NARBERTH, PA 19072	23-1676836	501(c)(3)	118,846		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC ROCHESTER 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	41-6011702	501(c)(3)	118,140		FMV	N/A	RESEARCH
FEINSTEIN INST FOR MED RES350 Community Dr MANHASSET, NY 11030	11-2673595	501(c)(3)	115,000		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMENS HOSPPO BOX 414122 BOSTON, MA 02241	04-2312909	501(c)(3)	114,477		FMV	N/A	RESEARCH
ADVOCATE HOPE CHILDRENS HOSP4440 W 95TH ST OAK LAWN,IL 60453	36-2169147	501(c)(3)	148,630		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL & MEDICAL CENTER OMAHA 8200 DODGE STREET OMAHA, NE 68114	47-0379754	501(c)(3)	112,850		FMV	N/A	RESEARCH
UNIVERSITY OF ILLINOIS CHICAGO MEDICAL CENTER 840 S WOOD STREET STE 600 CHICAGO, IL 60612	37-6000511	501(c)(3)	111,400		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK MEDICAL COLLEGE 50 PLAZA WEST RD VALHALLA, NY 10595	13-1099420	501(c)(3)	109,500		FMV	N/A	RESEARCH
REGENTS OF THE UNIV OF MINNESOTA 200 OAK STREET SE SUITE 450 MINNEAPOLIS, MN 55455	41-6007513	501(c)(3)	258,472		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HOPE NATIONAL MED CTRGONDA BLDG RM 1009A DUARTE, CA 91010	95-3435919	501(c)(3)	107,394		FMV	N/A	RESEARCH
UNIVERSITY OF ROCHESTER910 GENESEE ST STE 200 ROCHESTER, NY 14611	16-0743209	501(c)(3)	107,000		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL SLOAN-KETTERING CANCER CENTER425 EAST 68TH STREET STE K-603 NEW YORK, NY 10021	13-1924236	501(c)(3)	105,661		FMV	N/A	RESEARCH
GREENVILLE CANCER TREATMENT CENTER900 WEST FARIS RD GREENVILLE, SC 29605	57-6007863	501(c)(3)	103,950		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE SACRED HEART PO BOX 2555 SPOKANE, WA 99220	91-0393510	501(c)(3)	103,648		FMV	N/A	RESEARCH
WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	65-1269410	501(c)(3)	102,450		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION FOR MENTAL HYGIENE INC 150 BROADWAY STE 301 MENANDS, NY 12204	14-1410842	501(c)(3)	99,811		FMV	N/A	RESEARCH
TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606	34-4428256	501(c)(3)	99,650		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1784 N DECATUR ROAD STE 530 ATLANTA, GA 30322	58-0566256	501(c)(3)	99,101		FMV	N/A	RESEARCH
RADY CHILDRENS HOSP- SAN DIEGO 3020 CHILDRENS WAY SAN DIEGO, CA 92123	95-6006144	501(c)(3)	104,800		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON CHILDREN'S HOSPITAL ONE PERKINS SQ AKRON, OH 44308	23-7114013	501(c)(3)	97,900		FMV	N/A	RESEARCH
UNIVERSITY OF NEBRASKA MED CTR 984375 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	47-0049123	501(c)(3)	97,592		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT HEALTH INC 8425 HARCOURT RD INDIANAPOLIS, IN 46260	35-0869066	501(c)(3)	94,800		FMV	N/A	RESEARCH
ARKANSAS CHILDREN'S HOSPITAL13 CHILDRENS WAY LITTLE ROCK, AR 72202	71-0236857	501(c)(3)	93,180		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST TENNESSEE CHILDRENS HOSP2018 W CLINCH AVE KNOXVILLE, TN 37916	62-6002604	501(c)(3)	93,100		FMV	N/A	RESEARCH
PALMETTO HEALTH1301 TAYLOR ST COLUMBIA, SC 29201	57-6001153	501(c)(3)	90,250		FMV	N/A	RESEARCH TRAUMATIC EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIV 1100 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(c)(3)	90,100		FMV	N/A	RESEARCH APNEA
CHILDRENS MEDICAL CENTER OF DAYTON NONE CHILDRENS PLZ DAYTON, OH 45404	31-0672132	501(c)(3)	87,050		FMV	N/A	RESEARCH APNEA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYOLA UNIVERSITY OF CHICAGO PO BOX 4386 CAROL STREAM, IL 60197	36-1408475	501(c)(3)	83,832		FMV	N/A	RESEARCH PROTEIN B
UNIVERSITY OF IOWA HOSPITALS AND CLINICS 200 HAWKINS DR IOWA CITY, IA 52242	42-6004813	501(c)(3)	90,281		FMV	N/A	RESEARCH CHILD HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL OF COLORADO 1245 EAST COLFAY AVENUE DENVER, CO 80218	84-0813462	501(c)(3)	80,200		FMV	N/A	RESEARCH CHILDREN
CORIELL INSTITUTE FOR MEDICAL RESEARCH 403 HADDON AVE SUITE 400 CAMDEN, NJ 08103	21-0672684	501(c)(3)	79,729		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL UNIVERSITY OF SOUTHPO BOX 951 CHARLESTON, SC 29425	57-6028985	501(c)(3)	78,122		FMV	N/A	RESEARCH
MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER4700 WATERS AVE SAVANNAH,GA 31404	31-1126469	501(c)(3)	75,653		FMV	N/A	RESEARCH SELECTED TYPE 1 DIABETES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY BRIDGE CHILDRENS HOSP317 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	91-1352172	501(c)(3)	75,000		FMV	N/A	RESEARCH
DRISCOLL CHILDRENS HOSPITAL3533 S ALAMEDA ST CORPUS CHRIST, TX 78411	74-2577746	501(c)(3)	74,800		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY 701 E KIRKWOOD AVE BLOOMINGTON, IN 47405	35-6001673	501(c)(3)	74,428		FMV	N/A	RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722	86-0196696	501(c)(3)	73,450		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF OKLAHOMA HLTH SCIENCES4502 E 41ST ST STE2B20 TULSA,OK 74135	73-6017987	501(c)(3)	133,209		FMV	N/A	RESEARCH
LEGACY EMANUEL HOSPITAL1919 NORTHWEST LOVEJOY PORTLAND,OR 97210	93-0386823	501(c)(3)	103,900		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INOVA HEALTH SYSTEMPO BOX 37022 BALTIMORE, MD 21297	54-0620889	501(c)(3)	84,979		FMV	N/A	RESEARCH
MOUNTAIN STATES TUMOR INSTITUTE INCPO BOX 1023 BOISE, ID 83712	82-0295026	501(c)(3)	68,650		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTHROP UNIVERSITY HOSPITAL 700 HICKSVILLE ROAD SUITE 205 BETHPAGE, NY 11714	11-1633486	501(c)(3)	68,350		FMV	N/A	RESEARCH
TEXAS TECH UNIVERSITY 3601 4TH STREET MS6540 LUBBOCK, TX 79430	75-2668014	501(c)(3)	67,339		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE801 N RUTLEDGE ST SPRINGFIELD,IL 62702	37-6005961	501(c)(3)	64,950		FMV	N/A	RESEARCH
NEW YORK BLOOD CENTER 1200 PROSPECT AVE WEST BURY,NY 11590	13-1949477	501(c)(3)	64,876		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRYN MAWR REHAB HOSPITAL 414 PAOLI PIKE MALVERN, PA 19355	23-2110812	501(c)(3)	64,525		FMV	N/A	RESEARCH
PHILADELPHIA VA MEDICAL CENTER 3900 WOODLAND AVE P O BOX 3007 PHILADELPHIA, PA 19104	23-2764079	501(c)(3)	81,484		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE CHILDRENS CANCER PROGRAM 100 CAMPUS DR SCARBOROUGH, ME 04074	01-0238552	501(c)(3)	62,985		FMV	N/A	RESEARCH
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVE ALBANY, NY 12208	14-1641730	501(c)(3)	62,800		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND HOSPITAL 593 EDDY STAPC-12 PROVIDENCE, RI 02903	05-0258954	501(c)(3)	62,550		FMV	N/A	RESEARCH
MISSION HOSPITALS INC PO BOX 751177 CHARLOTTE, NC 28275	56-0532141	501(c)(3)	61,600		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA CANCER RESEARCH FOUNDATION 601 S RANCHO DR LAS VEGAS, NV 89106	88-0189404	501(c)(3)	61,500		FMV	N/A	RESEARCH
PRESBYTERIAN HEMBY CHILDREN'S HOSPITAL 200 HAWTHORNE LN CHARLOTTE, NC 28204	56-0554230	501(c)(3)	60,950		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANFORD MEDICAL CENTER FARGO 720 4TH ST N FARGO, ND 58122	45-0226909	501(c)(3)	60,788		FMV	N/A	RESEARCH
ISIS SC LLC P O BOX 20466 TAMPA, FL 33622	41-2259448		60,000		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANFORD MEDICAL CENTER SIOUX FALLS1305 W 18TH ST SIOUX FALLS, ND 57105	46-0227855	501(c)(3)	59,800		FMV	N/A	RESEARCH
LEE MEMORIAL HEALTH SYSTEM9981 HEALTH PARK DRIVE FORT MYERS, FL 33908	59-0714812	501(c)(3)	59,100		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(c)(3)	58,666		FMV	N/A	RESEARCH
NEWARK BETH ISRAEL 201 LYONS AVE NEWARK, NJ 07112	22-3452311	501(c)(3)	74,132		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSP NEW ORLEANS 200 HENRY CLAY AVE NEW ORLEANS, LA 70118	72-6087770	501(c)(3)	58,200		FMV	N/A	RESEARCH
MEDICAL CITY DALLAS HOSPITAL 7777 FOREST LANE DALLAS, TX 75230	75-1620569	501(c)(3)	57,200		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLOATING HOSPITAL FOR CHILDREN AT TUFTS MED CENTER 755 WASHINGTON ST BOSTON, MA 02111	04-3400617	501(c)(3)	55,700		FMV	N/A	RESEARCH
SCRIPPS HEALTH & BVA 3344 N TORREY PINES CT LAJOLLA, CA 92037	95-1684089	501(c)(3)	55,616		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRONSON METHODIST HOSPITAL 601 JOHN ST STE M-005 KALAMAZOO, MI 49007	38-1359087	501(c)(3)	50,150		FMV	N/A	RESEARCH
BLANK HEALTH PROVIDERS 1200 PLEASANT ST DES MOINES, IA 50309	42-0680452	501(c)(3)	53,939		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI SCHOOL OF MEDICINE 1255 FIFTH AVENUE SUITE C-2 NEW YORK, NY 10029	13-6171197	501(c)(3)	53,406		FMV	N/A	RESEARCH
ST JOSEPH'S HOSPITAL FLORIDA 3001 W MARTIN LUTHER KING BLVD TAMPA BAY, FL 33607	59-0774199	501(c)(3)	53,350		FMV	N/A	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SINAI HOSPITAL OF BALTIMORE 2401 WEST BELVEDER AVE BALTIMORE, MD 21215	52-0486540	501(c)(3)	50,950		FMV	N/A	
ST JOSEPH'S CHILDREN HOSPITAL 703 MAIN ST PATERSON, NJ 07503	22-1487602	501(c)(3)	50,468		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MD ANDERSON CANCER CENTER ORLANDO 1400 S ORANGE AVE ORLANDO, FL 32806	59-3005020	501(c)(3)	49,000		FMV	N/A	
SAINT VINCENT HOSPITAL 835 S VAN BUREN ST GREEN BAY, WI 54309	39-0817529	501(c)(3)	48,550		FMV	N/A	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHUYLKILL MEDICAL CENTER 420 SOUTH JACKSON ST POTTSVILLE, PA 17901	23-1352202	501(c)(3)	47,736		FMV	N/A	
VIRGINIA COMMONWEALTH UNIV PO BOX 980452 RICHMOND, VA 23298	54-0757884	501(c)(3)	47,139		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMOPHILIA CENTER WESTERN PA3636 BOULEVARD OF THE ALLIES PITTSBURGH, PA 15213	25-1562716	501(c)(3)	47,079		FMV	N/A	RESEARCH
CHRISTIANA CARE HLTH SERV6 BISBEE RD NEWARK, DE 19711	51-0103684	501(c)(3)	46,355		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO 1225 EAST 60TH STREET CHICAGO, IL 60637	36-2177139	501(c)(3)	44,569		FMV	N/A	RESEARCH
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(c)(3)	44,156		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULANE UNIV HLTH SCIENCES CTN1440 CANAL ST NEWORLEANS, LA 70112	72-0423889	501(c)(3)	43,873		FMV	N/A	RESEARCH
EASTERN MAINE MEDICAL CENTER489 STATE STREET BANGOR, ME 04402	01-0211501	501(c)(3)	42,850		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HURLEY MEDICAL CENTER INC1 HURLEY PLZ P O BOX 404 FLINT, MI 48503	38-1655400	501(c)(3)	40,300		FMV	N/A	RESEARCH
SCOTT & WHITE MEMORIAL HOSPITAL2401 S 31ST ST TEMPLE, TX 76508	74-1166904	501(c)(3)	39,800		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS 460 WALK HILL STREET MATTAPAN, MA 02130	04-3167352	501(c)(3)	39,600		FMV	N/A	RESEARCH
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102	59-0624458	501(c)(3)	39,396		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY 830 PENNSYLVANIA AVE CHARLESTON, WV 25302	55-0753754	501(c)(3)	62,477		FMV	N/A	RESEARCH
BROWARD HEALTH 303 SE 17TH ST FT LAUDERDALE, FL 33316	59-6012065	501(c)(3)	37,300		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD 6210 HANOVER, NH 03755	02-0222111	501(c)(3)	37,250		FMV	N/A	RESEARCH
LEHIGH VALLEY HOSPITAL 1247 S CEDAR CREST BLVD ALLENTOWN, PA 18103	23-1689692	501(c)(3)	53,205		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLANOVA UNIVERSITY 800 LANCASTER AVE VILLANOVA, PA 19085	23-1352688	501(c)(3)	35,537		FMV	N/A	RESEARCH
BETH ISRAEL MEDICAL CTR FIRST AVENUE AT 16TH ST NEW YORK, NY 10003	04-2103881	501(c)(3)	35,184		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY CHILDRENS HOSPITAL 2213 CHERRY ST TOLEDO, OH 43608	80-0000044	501(c)(3)	35,150		FMV	N/A	RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501(c)(3)	35,045		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANKENAU INSTITUTE FOR MEDICAL PO BOX 12606 WYNNEWOOD, PA 19096	23-2175659	501(c)(3)	33,822		FMV	N/A	RESEARCH
UNIVERSITY OF MISSOURI 105 SCHRENK HALL ROLLA, MO 65409	43-6003859	501(c)(3)	33,800		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOSPITAL ST LOUIS 607 S NEW BALLAS RD STE 2415 ST LOUIS, MO 63141	43-0653493	501(c)(3)	33,450		FMV	N/A	RESEARCH
WEST VIRGINIA RESEARCH CORP P O BOX 6002 MORGANTOWN, WV 26506	55-0665758	501(c)(3)	32,824		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PETERS UNIV HOSPITAL254 EASTON AVE NEW BRUNSWICK, NJ 08901	22-1487330	501(c)(3)	30,200		FMV	N/A	RESEARCH
UNIVERSITY OF VERMONT 89 BEAUMONT AVE BURLINGTON,VT 05405	03-0179440	501(c)(3)	29,900		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT CHILDRENS HOSPITAL4015 22ND PL LUBBOCK, TX 79410	75-2428911	501(c)(3)	28,800		FMV	N/A	RESEARCH
MICHIGAN STATE UNIVERSITYB240 LIFESCIENCES BLDG EAST LANSING, MI 48824	38-6005984	501(c)(3)	28,700		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF MICHIGAN 400 N INGALLS RM 1174 ANN ARBOR, MI 48109	38-6006391	501(c)(3)	28,047		FMV	N/A	RESEARCH
CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501(c)(3)	27,900		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT FRANCIS HEALTH SYSTEM 6161 S YALE AVE TULSA, OK 74136	73-1426265	501(c)(3)	27,000		FMV	N/A	RESEARCH
EXPONENT INCP O BOX 200283 DALLAS, TX 75320	77-0218904		26,107		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI CHILDREN'S HOSPITAL 3100 SW 62ND AVE MIAMI, FL 33155	59-2602318	501(c)(3)	25,514		FMV	N/A	RESEARCH
GEISINGER CLINIC NORTH ACADEMY AV DANVILLE, PA 17822	23-6291113	501(c)(3)	25,204		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECTRUM HEALTH HOSPITAL 944 52ND ST SE GRAND RAPIDS, MI 49508	38-1360529	501(c)(3)	24,900		FMV	N/A	RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(c)(3)	24,550		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR HEARING RESEARCH INC 3518 JEFFERSON AVE REDWOOD CITY, CA 94062	94-1706320	501(c)(3)	24,510		FMV	N/A	RESEARCH
GEORGETOWN UNIVERSITY MED CTR OFFICE OF SPONSORED ACCTG WASHINGTON, DC 20057	53-0196603	501(c)(3)	23,695		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ BOX 571164 OMAHA, NE 68178	47-0376583	501(c)(3)	23,079		FMV	N/A	RESEARCH
SAINT JOHN PROVIDENCE 22101 MOROSS DETROIT, MI 48236	38-1359063	501(c)(3)	23,050		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH ALABAMA380 ADMINISTRATION BLDG MOBILE, AL 36688	63-0477348	501(c)(3)	22,550		FMV	N/A	RESEARCH
METHODIST HOSPITAL 7700 FLOYD CURL DR SAN ANTONIO, TX 78229	74-1180155	501(c)(3)	21,350		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 185 CAMBRIDGE ST BOSTON, MA 02114	04-2697983	501(c)(3)	21,000		FMV	N/A	RESEARCH
UNIVERSITY OF SOUTHERN CALIF FILE NO 52095 LOS ANGELES, CA 90074	95-1642394	501(c)(3)	19,851		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARILION CLINIC CHILDRENS HOS1212 THIRD ST ROANOKE, VA 24016	54-1190771	501(c)(3)	19,500		FMV	N/A	RESEARCH
CHILDRENS HOSP RES CTR OAKLAND747 52ND STREET OAKLAND, CA 94609	94-1657474	501(c)(3)	19,000		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TEXAS 6431 FANNIN MSB 3 124 HOUSTON, TX 77030	99-9013622	501(c)(3)	18,931		FMV	N/A	RESEARCH
ST JOSEPH INSTITUTE 9192 WALDEMAR RD INDIANAPOLIS, IN 46268	43-0623494	501(c)(3)	18,913		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILADELPHIA HEALTH MGMT CORP 260 S BROAD ST PHILADELPHIA, PA 19102	23-7221025	501(c)(3)	21,149		FMV	N/A	RESEARCH
DEVEREUX CTR EFFECTIVE SCHOOLS PO BOX 8538 122 PHILADELPHIA, PA 19171	23-1390618	501(c)(3)	18,399		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSHINE COTTAGE SCHOOL FOR DEAF CHILDREN 603 E HILDEBRAND AVE SAN ANTONIO, TX 78212	74-1143132	501(c)(3)	18,370		FMV	N/A	RESEARCH
UNIVERSITY OF MARYLAND 601 WEST LOMBARD STREET BALTIMORE, MD 21201	52-1362793	501(c)(3)	17,278		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY UPSTATE MEDICAL UNIV 766 IRVING AVENUE SYRACUSE, NY 13210	15-6025404	501(c)(3)	16,500		FMV	N/A	RESEARCH
UNIVERSITY OF ARKANSAS 1 CHILDRENS WY SLOT 512 30 LITTLE ROCK, AR 72202	71-6003252	501(c)(3)	16,100		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHFIELD LABS1000 NORTH OAK AVENUE MARSHFIELD, WI 54449	39-6498144	501(c)(3)	13,950		FMV	N/A	RESEARCH
ALBERT EINSTEIN COLLEGE OF MED1301 MORRIS PARK AVE-RM 250 BRONX, NY 10461	23-7075620	501(c)(3)	13,476		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST CHRISTOPHER'S HOSPITAL FOR 3601 A STREET PHILADELPHIA, PA 19134	75-2784866	501(c)(3)	13,400		FMV	N/A	RESEARCH
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD ROOM 4311 LOS ANGELES, CA 90048	95-1644600	501(c)(3)	12,700		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(c)(3)	11,800		FMV	N/A	RESEARCH
OKLAHOMA FOUNDATION FOR MEDICAL QUALITY INC 14000 QUAIL SPRINGS PKWY OKLAHOMA CITY, OK 73134	23-7336073	501(c)(3)	11,664		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN HOSPITAL 1719 E 19TH AVE DENVER, CO 80218	84-1321373	501(c)(3)	11,400		FMV	N/A	RESEARCH
SANTA BARBARA COTTAGE HOSPPUEBLO AT BATH ST SANTA BARBARA, CA 93105	95-1644629	501(c)(3)	10,850		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN VA MEDICAL SCHOOL P O BOX 1980 NORFOLK, VA 23501	54-6055378	501(c)(3)	10,564		FMV	N/A	RESEARCH
SALK INSTITUTE 10010 N TORREY PINES RD LAJOLLA, CA 92037	95-2160097	501(c)(3)	10,120		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALUS UNIV BOOKSTORE 8360 OLD YORK RD ELKINS PARK, PA 19027	23-1413680		8,000		FMV	N/A	RESEARCH
SAINT JUDE MIDWEST AFFILIATE 530 NE GLEN OAK PEORIA, IL 61637	35-1044585	501(c)(3)	8,000		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST HOSPITAL OF MIAMI 8900 NORTH KENDALL DR MIAMI, FL 33176	59-0910342	501(c)(3)	7,500		FMV	N/A	RESEARCH
WILLIAM BEAUMONT HOSPITAL RESEARCH INSTITUTE 3811 WEST THIRTEEN MILE RD ROYAL OAK, MI 48073	38-1459362	501(c)(3)	7,000		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY NEW ORLEANS, LA 70121	72-0502505	501(c)(3)	6,150		FMV	N/A	RESEARCH
DARTMOUTH-HITCHCOCK PO BOX 10547 BEDFORD, NH 03110	22-2715483	501(c)(3)	6,000		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL JEWISH CENTER FOR IMPROVEMENT OF BOX 17379 DENVER, CO 80217	74-2044647	501(c)(3)	5,488		FMV	N/A	RESEARCH
ST MARY MEDICAL CENTER 1201 LANGHORNE- NEWTOWN ROAD LANGHORNE, PA 19047	23-1913910	501(c)(3)	5,400		FMV	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JORGE CHILDREN'S HOSPITAL 259 SAN JORGE ST SANTURCE, PR 00912	66-0531105	501(c)(3)	14,350		FMV	N/A	
THE PHILADELPHIA RONALD MCDONALD HOUSE 3925 CHESTNUT STREET PHILADELPHIA, PA 19104	23-7377505	501(c)(3)	1,000,000		FMV	N/A	GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number

23-1352166

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <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 checked="" 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) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

- | | |
|---|---|
| <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 checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 1a		Tax gross-up payments are provided to the President and CEO for (1) premiums on long-term disability coverage and (2) reimbursement of any out-of-pocket costs he incurs related to health insurance coverage (e.g., copays or deductibles), to the extent that such reimbursement is taxable. SCHEDULE J, PART I, Line 4b Some officers, directors, and key employees listed in Form 990, Part VII participate in Supplemental Executive Retirement Plans ("SERPs"). Any SERP payments are reported in Part II Column (B)(iii) SCHEDULE J, PART I, LINE 7 Incentives are available for members of senior management and department chairs based on achievement of organization and individual goals typically related to quality, operating, and financial performance as well as other significant clinical, quality, and scientific achievements. Payment of incentives is dependent upon achieving sufficient operating margin to fund the incentives. SCHEDULE J, PART II, COLUMN (C) The amount reported here may include changes in actuarial values of SERPs as required to be reported by the IRS.

Software ID:
Software Version:
EIN: 23-1352166
Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEVEN M ALTSCHULER MD	(i) (ii)	1,021,135 0	1,006,044 0	2,279,772 0	1,564,109 0	20,458 0	5,891,518 0	1,334,812 0
THOMAS J TODOROW	(i) (ii)	634,375 0	468,750 0	607,911 0	5,000 0	28,453 0	1,744,489 0	363,806 0
JEFFREY D KAHN	(i) (ii)	392,044 0	289,688 0	27,146 0	5,000 0	31,987 0	745,865 0	0 0
MADELINE BELL	(i) (ii)	689,997 0	509,850 0	1,229,736 0	5,000 0	7,520 0	2,442,103 0	769,300 0
MARGARET M JONES	(i) (ii)	418,180 0	309,000 0	450,425 0	5,000 0	7,781 0	1,190,386 0	307,800 0
PHILIP JOHNSON	(i) (ii)	679,523 0	301,266 0	91,544 0	181,950 0	53,262 0	1,307,545 0	0 0
BRYAN WOLF MD PHD	(i) (ii)	468,415 0	451,895 0	38,951 0	106,950 0	38,797 0	1,105,008 0	0 0
KATHLEEN GORMAN	(i) (ii)	237,930 0	0 0	57,900 0	4,759 0	28,853 0	329,442 0	0 0
CHARLES S HOUGH	(i) (ii)	289,301 0	159,805 0	24,001 0	5,000 0	28,175 0	506,282 0	0 0
MARY TOMLINSON	(i) (ii)	222,901 0	87,842 0	4,309 0	5,000 0	28,236 0	348,288 0	0 0
TOM CURRAN	(i) (ii)	399,837 0	177,268 0	34,410 0	31,950 0	17,073 0	660,538 0	0 0
N SCOTT ADZICK MD	(i) (ii)	0 856,901	0 379,907	0 134,826	0 122,500	0 12,329	0 1,506,463	0 0
ALAN COHEN MD	(i) (ii)	0 593,000	0 260,268	0 92,071	0 31,950	0 14,427	0 991,716	0 0
CYNTHIA HAINES	(i) (ii)	390,077 0	211,372 0	30,276 0	5,000 0	26,213 0	662,938 0	0 0
STUART SULLIVAN	(i) (ii)	409,189 0	302,357 0	33,218 0	5,000 0	28,297 0	778,061 0	0 0
NICHOLAS P PROCYK	(i) (ii)	406,000 0	360,000 0	34,555 0	5,000 0	24,689 0	830,244 0	0 0
ROBERT CRONER	(i) (ii)	314,680 0	180,147 0	15,341 0	5,000 0	27,824 0	542,992 0	0 0
THOMAS R DOLE	(i) (ii)	273,983 0	160,380 0	8,391 0	5,000 0	20,293 0	468,047 0	0 0
AMY LAMBERT	(i) (ii)	261,362 0	149,350 0	7,266 0	5,000 0	28,585 0	451,563 0	0 0
PAULA AGOSTO	(i) (ii)	202,441 0	59,835 0	18,155 0	5,000 0	26,035 0	311,466 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DOUGLAS CARNEY	(i)	314,650	164,300	116,712	1,654	13,420	610,736	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **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.** ▶ **See separate instructions.**

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number
23-1352166

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	HOSPITAL AND HIGHER EDU FACILITIES AUTH OF PHILA	23-1929132	717903DZ3	02-18-2003	52,500,000	REFINANCE 1993A BONDS		X		X		X
B	HOSPITAL AND HIGHER EDU FACILITIES AUTH OF PHILA	23-1929132	717903ZG6	02-15-2005	60,950,000	REFINANCE 1993A BONDS		X		X		X
C	HOSPITAL AND HIGHER EDU FACILITIES AUTH OF PHILA	23-1929132	717903ZW1	02-27-2007	219,892,120	NEW CONSTRUCTION		X		X		X
D	HOSPITAL AND HIGHER EDU FACILITIES AUTH OF PHILA	23-1929132	717903F29	03-09-2011	50,000,000	NEW CONSTRUCTION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	45,400,000		0		11,367,120		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	52,500,000		60,950,000		219,892,120		50,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	118,125		0		1,554,043		406,100	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		218,338,077		6,633,324	
11	Other spent proceeds	52,381,875		60,950,000		0		0	
12	Other unspent proceeds	0		0		0		42,960,576	
13	Year of substantial completion	1995		1995		2009			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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?								
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?								
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		0%		0%		0%		0%
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		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
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?								
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?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?	X		X		X		X	
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b Name of provider	UBS WARBURG		UBS WARBURG		0			
c Term of hedge	11		18					
d Was the hedge superintegrated?		X		X				
e Was a hedge terminated?		X		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		X		X
b Name of provider	0		0		0		0	
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		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 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		X		X

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ 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. ▶ See separate instructions.

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number

23-1352166

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 HOSPITAL AND HIGHER EDU FACILITIES AUTH OF PHILA	23-1929132	717903E87	03-09-2011	50,000,000	NEW CONSTRUCTION		X		X		X
B HOSPITAL AND HIGHER EDU FACILITIES AUTH OF PHILA	23-1929132	717903F45	10-27-2011	270,004,822	NEW CONSTRUCTION AND REFI 2008 BON		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired	0	0						
2	Amount of bonds legally defeased	0	0						
3	Total proceeds of issue	50,000,000	270,004,822						
4	Gross proceeds in reserve funds	0	0						
5	Capitalized interest from proceeds	0	0						
6	Proceeds in refunding escrows	0	0						
7	Issuance costs from proceeds	406,100	4,822						
8	Credit enhancement from proceeds	0	0						
9	Working capital expenditures from proceeds	0	0						
10	Capital expenditures from proceeds	6,633,324	51,287,581						
11	Other spent proceeds	0	170,000,000						
12	Other unspent proceeds	42,960,576	48,712,419						
13	Year of substantial completion								
		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?								
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?								
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		0%		0%		%		%
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		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
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?								
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?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?	X		X					
If you checked "No rebate due" in 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	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								

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	0		0					
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
1 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. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
SCHEDULE K DISCLOSURES	SCHEDULE K, PART I, LINE B, COLUMN (C)	For the 2011 SERIES C AND D bondS issued 10/27/2011, the additional CUSIP numbers are as follows 717903F52, 717903F60, 717903F78, 717903F86, 717903F94, 717903G28, 717903G36, 717903G44, 717903G51, 717903G69, 717903G77, 717903G85, 717903G93, 717903H27, 717903H50, 717903H35, 717903H68, 717903H84, 717903H76
SCHEDULE K, PART IV, LINE 2C	0	THE ARBITRAGE CALCULATION FOR THE \$222,825,000 SERIES A OF 2007 WAS COMPLETED ON OCTOBER 17, 2008 THE ARBITRAGE CALCULATION FOR THE \$50,000,000 SERIES A OF 2011 AND \$50,000,000 SERIES B OF 2011 WAS COMPLETED ON APRIL 17, 2013 THE ARBITRAGE CALCULATION FOR THE \$260,795,000 SERIES C AND D OF 2011 WAS COMPLETED ON DECEMBER 6, 2012

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number 23-1352166

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

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

Table with 4 main 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 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main 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) JENNIE MINNICK	SEE PART V	36,137	EMPLOYEE OF CHOP		No
(2) BARBARA KLOCK MD	SEE PART V	245,422	EMPLOYEE OF CHOP		No
(3) MEAD JOHNSON COMPANY LLC	SEE PART V	155,379	PURCHASE OF FORMULA		No
(4) LOUISE AMLIE WOLF	SEE PART V	18,247	EMPLOYEE OF CHOP		No
(5) COMCAST	SEE PART V	113,064	NETWORK SERVICES		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Form 990, Part IV, Column (b) Relationships		Key Employee Mary Tomlinson's sister, Jennie Minnick, is an employee of CHOP Trustee Salem D Shuchman's Wife, Barbara Klock, M D , is an employee of CHOP Doctor Steven M Altschuler is a board member of Mead Johnson & Company, LLC CHOP purchased \$155,379 in formula from Mead Johnson Nutrition Key Employee Bryan Wolf's daughter, Louise Amlie Wolf, was employed by CHOP from July 2012 to January 2013 as a Clinical Coordinator Trustee Kornelis Smit is the President and CEO of Comcast CHOP purchased \$113,064 in network services from Comcast

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number

23-1352166

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12		

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number

23-1352166

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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) BACHE LEWIS PENROSE LLC 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 20-5126955	HOLDING CO	PA	1,400,796	134,158,974	CHOP
(2) SPARK THERAPEUTICS LLC 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 46-2654405	RESEARCH	PA	0	0	CHOP

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	
(1) 4865 MARKET ASSOC 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 46-1341918	REAL ESTATE	PA	NA			8,187,328						99.000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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	Yes	
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Software ID:
Software Version:
EIN: 23-1352166
Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Schedule R (Form 990) 2012

Page 5

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
--> Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
First Medical Insurance Company (RRG)	M	11,153,000	COST
PGH Development Corporation	P, Q	1,583,647	COST
Radiology Associates of Children's Hospital	R, S	8,306,331	COST
Children's Anesthesiology Associates	R, S	13,553,531	COST
Children's Healthcare Associates Inc	A, J,	137,508,236	COST
Children's Healthcare Associates of NJ	A, J,	12,520,986	COST
Children's Surgical Associates Inc	A, J,	17,295,631	COST
Children's Surgical Associates of NJ	A, J,	1,358,853	COST
Children's Anesthesiology Associates of NJ	J, P	921,437	COST
CHOP Foundation	C, Q	43,033,588	COST
4865 Market Street Associates LP	A, J,	48,125	COST

**The Children's Hospital of
Philadelphia - Obligated Group**
Supplemental Combined Financial Statements
June 30, 2013 and 2012

The Children's Hospital of Philadelphia - Obligated Group
Index
June 30, 2013 and 2012

	Page(s)
Independent Auditor's Report	1-2
Financial Statements	
Combined Balance Sheets	3
Combined Statements of Operations	4
Combined Statements of Changes in Net Assets	5
Combined Statements of Cash Flows	6
Notes to Combined Financial Statements	7-34



Independent Auditor's Report

To the Board of Directors of
The Children's Hospital of Philadelphia Foundation

We have audited the accompanying supplemental combined financial statements of The Children's Hospital Foundation, The Children's Hospital of Philadelphia, The Children's Hospital of Philadelphia Clinical Associates, The Children's Hospital of Philadelphia Practice Association, First Medical Insurance Company and Bache Lewis and Penrose LLC and their subsidiaries (the "Obligated Group") (as described in Note 1), which comprise the supplemental combined balance sheets as of June 30, 2013 and 2012, and the related supplemental combined statements of operations and changes in net assets and of cash flows for the years then ended

Management's Responsibility for the Supplemental Combined Financial Statements

Management is responsible for the preparation and fair presentation of the supplemental combined financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the supplemental combined financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on the supplemental combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the supplemental combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the supplemental combined financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the supplemental combined financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Obligated Group's preparation and fair presentation of the supplemental combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Obligated Group's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the supplemental combined financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the supplemental combined financial statements referred to above present fairly, in all material respects, the financial position of the Obligated Group at June 30, 2013 and 2012, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Emphasis of Matter

As discussed in Note 1, the supplemental combined financial statements were prepared in accordance with the accounting requirements set forth in the Credit Agreement and are not intended to be a complete presentation of The Children's Hospital of Philadelphia Foundation's financial position or results of operations. Our opinion is not modified with respect to this matter.

PricewaterhouseCoopers LLP

October 23, 2013

The Children's Hospital of Philadelphia - Obligated Group
Combined Balance Sheets
June 30, 2013 and 2012

ASSETS	June 30, 2013	June 30, 2012
Current assets		
Cash	\$334,445,000	\$218,672,000
Receivables for patient services, less allowance for uncollectible accounts	242,254,000	211,514,000
Current portion of pledges receivable	25,604,000	20,928,000
Due from third parties	24,950,000	18,854,000
Other receivables	41,907,000	52,026,000
Current portion of assets limited as to use	22,251,000	22,152,000
Supplies, drugs and prepaid expenses	17,014,000	14,926,000
Total current assets	<u>708,425,000</u>	<u>559,072,000</u>
Assets limited as to use		
Board designated	754,881,000	716,755,000
Restricted by donors	193,613,000	174,028,000
Trustee-held construction and debt service fund	42,938,000	152,036,000
Trustee-held for self-insurance and other	219,790,000	224,356,000
Noncurrent assets limited as to use	<u>1,211,222,000</u>	<u>1,267,175,000</u>
Investments	302,997,000	218,656,000
Land, buildings and equipment at cost, net	1,731,429,000	1,595,004,000
Pledges receivable, net	44,262,000	34,832,000
Long-term notes receivable	13,449,000	6,374,000
Other long-term assets and receivables	43,783,000	40,990,000
Total assets	<u>\$4,055,567,000</u>	<u>\$3,722,103,000</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of long-term debt	\$14,850,000	\$16,525,000
Accounts payable and accrued expenses	279,632,000	255,083,000
Current portion of pledges payable	5,000,000	-
Total current liabilities	<u>299,482,000</u>	<u>271,608,000</u>
Long-term debt	751,820,000	756,870,000
Other liabilities	205,865,000	206,362,000
Accrued pension cost	92,496,000	147,723,000
Long term pledges payable	4,000,000	-
Total liabilities	<u>1,353,663,000</u>	<u>1,382,563,000</u>
NET ASSETS		
Unrestricted	2,347,833,000	2,026,857,000
Temporarily restricted	207,095,000	170,096,000
Permanently restricted	146,976,000	142,587,000
Total net assets	<u>2,701,904,000</u>	<u>2,339,540,000</u>
Total liabilities and net assets	<u>\$4,055,567,000</u>	<u>\$3,722,103,000</u>

The accompanying notes are an integral part of these combined financial statements

The Children's Hospital of Philadelphia - Obligated Group
Combined Statements of Operations
Years Ended June 30, 2013 and 2012

	June 30,	
	2013	2012
OPERATING REVENUES		
Net revenues from patients	\$1,498,817,000	\$1,363,431,000
Bad debt	(85,725,000)	(56,405,000)
Net revenues from patients less bad debts	1,413,092,000	1,307,026,000
Contributions	8,841,000	7,522,000
Research revenue	219,449,000	185,325,000
Other operating revenue	90,737,000	90,728,000
Total revenues and other support	1,732,119,000	1,590,601,000
EXPENSES		
Salaries, wages and professional fees	715,716,000	684,033,000
Employee benefits	186,384,000	169,901,000
Supplies	192,965,000	177,448,000
Purchased services and other expenses	314,201,000	268,719,000
Depreciation	149,754,000	154,787,000
Interest and amortization	18,717,000	22,539,000
Total expenses	1,577,737,000	1,477,427,000
Operating Income	154,382,000	113,174,000
Dividend and interest income, net	(1,710,000)	2,827,000
Realized gains on marketable securities	94,885,000	28,527,000
Sponsorship	(10,000,000)	-
Change in fair value of derivatives	131,000	(64,000)
Change in net unrealized gains (losses) on alternative investments	31,732,000	(15,095,000)
Loss on sale of property	(292,000)	(95,000)
Excess of revenue over expenses	269,128,000	129,274,000
Change in unrealized losses on investments	(5,532,000)	(32,217,000)
Pension adjustment	48,387,000	(90,853,000)
Change in fair value of derivatives	4,411,000	(3,052,000)
Net assets released from restrictions for capital	8,200,000	200,000
Transfer to/from PGH	-	(469,000)
Transfer to/from RRG	(4,268,000)	-
Contributions Board Designated for Capital	650,000	505,000
Transfer to temporarily/permanently restricted net assets	-	(59,000)
Increase in net assets	\$320,976,000	\$3,329,000

The accompanying notes are an integral part of these combined financial statements

The Children's Hospital of Philadelphia - Obligated Group
Combined Statements of Changes in Net Assets
Years Ended June 30, 2013 and 2012

	June 30,	
	2013	2012
UNRESTRICTED NET ASSETS		
Excess of revenues over expenses	\$269,128,000	\$129,274,000
Change in net unrealized losses on marketable securities	(5,532,000)	(32,217,000)
Pension adjustment	48,387,000	(90,853,000)
Change in fair value of derivatives	4,411,000	(3,052,000)
Net assets released from restrictions for capital	8,200,000	200,000
Transfer to/from PGH	-	(469,000)
Transfer to/from RRG	(4,268,000)	-
Contributions Board Designated for Capital	650,000	505,000
Transfer to temporarily/permanently restricted net assets, net	-	(59,000)
Increase in unrestricted net assets	320,976,000	3,329,000
TEMPORARILY RESTRICTED NET ASSETS		
Contributions	72,837,000	56,764,000
Interest and dividend income	1,529,000	1,410,000
Realized gains on investments	13,113,000	4,270,000
Change in net unrealized gains on investments	4,084,000	(7,139,000)
Net assets released from restrictions for operations	(46,364,000)	(40,287,000)
Net assets released from restrictions for capital	(8,200,000)	(200,000)
Transfer to unrestricted/permanently restricted net assets, net	-	(442,000)
Increase in temporarily restricted net assets	36,999,000	14,376,000
PERMANENTLY RESTRICTED NET ASSETS		
Contributions	3,999,000	4,408,000
Adjustment to perpetual trusts	390,000	(973,000)
Transfer from temporary/unrestricted net assets, net	-	501,000
Increase in permanently restricted net assets	4,389,000	3,936,000
Increase in net assets	362,364,000	21,641,000
NET ASSETS		
Beginning of Year	2,339,540,000	2,317,899,000
End of Period	\$2,701,904,000	\$2,339,540,000

The accompanying notes are an integral part of these combined financial statements

The Children's Hospital of Philadelphia - Obligated Group
Combined Statements of Cash Flows
Years Ended June 30, 2013 and 2012

	June 30,	
	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	\$362,364,000	\$21,641,000
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	149,784,000	155,548,000
Provision for bad debt	85,725,000	56,405,000
Contributions restricted for endowment and capital	(14,354,000)	(9,855,000)
Realized (gains) on investments	(107,998,000)	(32,797,000)
Change in net unrealized (gains) losses on investments	(30,674,000)	55,424,000
Change in fair value of derivatives	(4,542,000)	3,116,000
Pension adjustment	(48,387,000)	90,853,000
Receivables for patient services	(116,465,000)	(97,779,000)
Other current assets	8,031,000	4,500,000
Pledges receivable	(14,106,000)	(15,605,000)
Other long term assets	(98,000)	(25,663,000)
Accounts payable and accrued expenses	29,091,000	28,239,000
Pledges payable	9,000,000	-
Accrued pension cost	(55,227,000)	83,692,000
Amounts due to third parties, net	(6,096,000)	5,590,000
Other liabilities	(497,000)	49,886,000
Net cash provided by operating activities	<u>245,551,000</u>	<u>373,195,000</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of land, buildings and equipment	(286,179,000)	(213,228,000)
Purchase of investments	(1,213,014,000)	(942,264,000)
Sale of investments	1,371,586,000	769,992,000
Net cash used in investing activities	<u>(127,607,000)</u>	<u>(385,500,000)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of long-term debt	(16,525,000)	(182,331,000)
Proceeds from new debt	-	260,795,000
Contributions restricted for endowment and capital	14,354,000	9,855,000
Net cash provided by financing activities	<u>(2,171,000)</u>	<u>88,319,000</u>
Net increase in cash	115,773,000	76,014,000
CASH		
Beginning of Year	218,672,000	142,658,000
End of Year	<u>\$334,445,000</u>	<u>\$218,672,000</u>
SUPPLEMENTAL DISCLOSURE		
Cash paid during the year for interest	\$28,942,000	\$20,102,000

The accompanying notes are an integral part of these combined financial statements

The Children's Hospital of Philadelphia - Obligated Group

Notes to Combined Financial Statements

June 30, 2013 and 2012

1. Organization and Summary of Significant Accounting Policies

The Children's Hospital of Philadelphia Foundation (the "Foundation") is the tax-exempt parent corporation and the fund-raising affiliate of The Children's Hospital of Philadelphia ("CHOP"). The Foundation and CHOP are Pennsylvania nonprofit tax-exempt corporations. In July 2002, the Foundation and CHOP formed an "Obligated Group" with J.P. Morgan Trust Company as Trustee, as discussed in Note 7. The Children's Hospital Foundation and Subsidiaries - Obligated Group consists of the Foundation and CHOP.

Included in the operating results of CHOP is CHOP Clinical Associates, Inc. ("Clinical Associates"). Clinical Associates is a New Jersey nonprofit corporation engaged in the practice of medicine in New Jersey exclusively for charitable, educational and scientific purposes by providing medical and closely allied professional services to the public, engaging in medical education and working to improve the welfare of children, all in support of CHOP. The sole member of Clinical Associates is a member of the medical staff of CHOP who is licensed to practice medicine in New Jersey. Through an operating agreement between CHOP and Clinical Associates, CHOP provides funding for Clinical Associates' activities. In addition, through a services agreement, CHOP provides management services including billing for Clinical Associates' revenues and payment of all operating expenses. Reimbursement for management services is paid from Clinical Associates practice revenues.

Also included in the operating results of CHOP is First Medical Insurance Company, a wholly owned risk retention group, ("RRG") domiciled in Vermont and owned principally by CHOP with other tax-exempt CHOP affiliates owning the remaining interests.

Also included in the operating results of CHOP is Bache Lewis and Penrose LLC, a wholly owned holding company. Bache Lewis and Penrose LLC holds assets to cover professional liability and works compensation.

Also included in the operating results of CHOP is The Children's Hospital of Philadelphia Practice Association ("CHOPPA"). CHOP is the sole member of CHOPPA, whose purposes include (a) billing for behavioral health services and (b) developing, supporting, and operating a University-affiliated, multi-disciplinary, academic pediatric group practice whose activities include (but are not limited to) the provision of clinical and clinical support services, the promotion of teaching, undergraduate, and post-graduate medical education, and research.

Also included in the operating results of CHOP is 4865 Market Associates, L.P., a limited partnership. 4865 Market Associates, L.P. is a Qualified Active Low Income Community Business. In December 2012, the Obligated Group entered into a transaction with CitiBank related to the Karabots Pediatric Care Center in West Philadelphia, Pennsylvania and expects to receive a net benefit of \$2.3 million under a qualified New Markets Tax Credit Program ("NMTC"). The NMTC was provided for in the Community Renewal Tax Relief Act of 2000 (the "Act") and is intended to induce investment capital in under-served and impoverished areas of the United States. CHOP anticipates that it will recognize the net cash received as revenue within other income in the year ended June 30, 2020.

Also included in the operating results of CHOP is AAVenue Therapeutics, a wholly owned for-profit entity. AAVenue Therapeutics is a gene therapy company that effectively began operations on April 1, 2013.

The Children's Hospital of Philadelphia - Obligated Group

Notes to Combined Financial Statements

June 30, 2013 and 2012

The classification of certain prior period amounts have been changed to conform to the current year presentation

A summary of significant accounting policies observed by the Obligated Group is as follows

Principles of Combination

The accompanying combined financial statements include the accounts of The Children's Hospital Foundation, The Children's Hospital of Philadelphia, CHOP Clinical Associates, CHOPPA, RRG, 4865 Market Street, AAVenue Therapeutics, and Bache Lewis and Penrose LLC, and have been prepared in accordance with the accounting requirements set forth in the Credit Agreement dated July 30, 2002 between the Obligated Group and J P Morgan Trust Company, as Trustee All significant intercompany transactions and accounts have been eliminated These combined financial statements exclude entities that are required to be consolidated under accounting principles generally accepted in the United States of America and, therefore, these combined financial statements are not intended to be a complete presentation in accordance with accounting principles generally accepted in the United States of America

Financial Statement Presentation

The Obligated Group has reported information regarding its financial position and operations according to its three classes of net assets unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions Temporarily restricted net assets have been restricted by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Obligated Group in perpetuity Unrestricted net assets are those whose use has been designated by the Obligated Group, or have not been limited by donor to a specific period of time or purpose, or are donor-restricted contributions whose restrictions have been met within the same reporting period

Excess of Revenues over Expenses

The statement of operations includes excess of revenues over expenses Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include change in net unrealized gains and losses on marketable securities, pension adjustment, change in fair value of certain derivatives, net assets released from restrictions for capital, transfers to PGH, and transfers from the CHOP Risk Retention Group ("RRG")

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates The most significant estimates relate to uncollectible accounts, contractual allowances, alternative investments, and self-insurance reserves

Cash

Cash include cash amounts in noninterest-bearing and interest-bearing accounts

The Children's Hospital of Philadelphia - Obligated Group

Notes to Combined Financial Statements

June 30, 2013 and 2012

At June 30, 2013 and 2012, the Obligated Group has cash and cash equivalents in major financial institutions which exceed Federal Depository Insurance limits. These financial institutions have strong credit ratings and management believes that credit risk related to these deposits is minimal.

Inventory Valuation

Inventories are stated at the lower of average cost or market value.

Assets Limited as to Use

Assets limited as to use include assets held by trustees under indenture agreements and self-insurance agreements and designated assets set aside by the Board of Trustees (the "Board") for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes and assets that have been restricted by donors. Amounts required to meet current liabilities of the Obligated Group have been classified as current assets in the balance sheet at June 30, 2013 and 2012. The current portion of assets limited as to use is primarily for debt service and unfunded liabilities.

Investments

Investments and assets limited as to use are stated at fair value. The fair value of all debt and equity securities with a readily determinable fair value is based on quotations obtained from national securities exchanges. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in excess of revenues over expenses. At June 30, 2013 and 2012, unrestricted dividend and interest income, net is net of investment fees in the amount of \$2,109,000 and \$2,398,000, respectively. In addition, amounts appropriated for expense of \$18,403,000 and \$15,477,000 for the years ended June 30, 2013 and 2012 are also included in dividend and interest income, net. Unrealized gains and losses on investments with readily determinable fair values are excluded from the excess of revenues over expenses since none of the investments are classified as trading securities. When market value of a security has declined below cost and the loss is not determined to be recoverable, an impairment has occurred and is recognized as a realized loss. At June 30, 2013 and 2012, the Obligated Group recognized realized losses of \$674,000 and \$3,062,000, respectively, as a result of other than temporary impairment of investments.

Alternative Investments are invested through private partnerships and primarily include private equity investments, real assets and hedge funds. These investments, with the exception of certain real assets in exchange traded funds, are not readily marketable, and are recorded using the equity method of accounting. The equity method gains and losses on these investments is included in the excess of revenues over expenses. The Obligated Group reviews and evaluates the values provided by the investment managers and agrees with the valuation methods and assumptions used in determining the value of the alternative investments. Because alternative investments are not readily marketable, their estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for such investments existed. Such difference could be material. As of June 30, 2013 and 2012, the Obligated Group had unfunded commitments relating to these alternative investments of \$103,151,000 and \$118,035,000 respectively.

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risks associated with certain investment securities, it is reasonably possible that changes in the value of investments could occur in the near term and that such changes could materially affect the amounts reported in the accompanying combined balance sheets.

The Children's Hospital of Philadelphia - Obligated Group

Notes to Combined Financial Statements

June 30, 2013 and 2012

Land, Buildings and Equipment

Land, buildings and equipment are recorded at cost for purchased items and at fair value for contributed items. Major renewals and improvements are capitalized while maintenance repairs are expensed when incurred. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method.

Other Long Term Assets and Receivables

Other long term assets and receivables include, but are not limited to, an estimated amount related to the Medical Care Availability and Reduction of Error Fund ("MCARE") recoveries and deferred costs related to bond issuances. The MCARE recovery has a related liability in Other Liabilities. The recovery and liability net to \$0. The deferred costs related to bond issuances consist of the bond discount relating to Revenue Bonds Series A and B of 2002, and financing costs of issuing the Revenue Bonds Series A and B of 2002, Series A of 2003, Series A of 2005, Series A of 2007, Series A, B and C of 2008 and Series A and B of 2011. The costs are amortized over the life of the related bonds using the straight-line method, which is not materially different than the effective interest method. Unamortized costs were \$7,349,000 and \$7,379,000 as of June 30, 2013 and 2012, respectively.

Accounting for Long-Lived Assets

The Obligated Group assesses its assets for impairment whenever events or changes in circumstances indicate that the carrying amount of a respective asset that the Obligated Group expects to hold and use may not be recoverable. In addition, the Obligated Group periodically assesses the estimated useful lives as appropriate.

Income Taxes

The Foundation, CHOP and other corporations included in the combined financial statements (other than the LLC) are corporations that are recognized as exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code ("IRC"). The LLC is a disregarded entity and included in CHOP.

Other Liabilities

Other liabilities include, but are not limited to, deferred revenue related to research activities, reserves for unfunded liabilities, reserves for MCARE liabilities, deferred employee compensation, fair value of derivative financial instruments, and deferred premiums. The deferred premiums relate to the Revenue Bonds Series C and D of 2011. The premiums are amortized over the life of the related bonds using the straight-line method, which is not materially different than the effective interest method. Unamortized premiums were \$9,000,000 and \$9,205,000 as of June 30, 2013 and 2012, respectively.

Patient Service Revenues, Allowances and Charity Care

The Obligated Group has agreements with third-party payors that provide for payments to the Obligated Group at amounts different from the established charges. The basis for payment under these payment arrangements include prospectively determined rates per discharge, fee schedules, discounted charges, and per diem payments. Net patient service revenue is the estimated amount to be realized for services rendered, including estimated retroactive adjustments. Provisions for estimated retroactive adjustments have been recorded as required and, in management's opinion, are adequate to establish third party receivables of realizable amounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period in which related services are rendered, and such amounts are adjusted in future periods as adjustments become known.

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

Net revenue from patients reported on the combined statement of operations is net of contractual allowances of approximately \$2,067,274,000 and \$1,833,101,000 in 2013 and 2012, respectively. Additionally, the Obligated Group provides care to patients who meet certain criteria under charity care policies without charge or at amounts less than their established charges. Because the Obligated Group does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The amount of charges forgone related to charity services and free care was approximately \$5,203,000 and \$3,338,000 in 2013 and 2012, respectively. The estimated cost of providing the charity services was \$2,302,000 and \$1,543,000 in 2013 and 2012, respectively. The estimated costs were based on a calculation which multiplied the percentage of operating expenses for the hospital to gross charity care charges. The percentage of cost to gross charges is calculated based on the total operating expenses for the hospital divided by gross patient service revenue for those facilities. An increase in the level of uninsured patients to our facilities and the resulting adverse trends in the provision for doubtful accounts and charity care provided could have a material unfavorable impact on our future operating results.

Primary collection risks relate to uninsured patients and the portion of the bill which is the patient's responsibility, primarily co-payments and deductibles. We estimate our provisions for doubtful accounts based on a number of factors, including aging of the receivables and the historical collection experience. Receivables for patient services are recorded net of allowance for doubtful accounts of \$137,528,000 and \$126,997,000 as of June 30, 2013 and 2012, respectively.

Social Accountability Costs (Unaudited)

The mission of The Children's Hospital of Philadelphia is to provide excellent patient care for children, to engage in innovative research that will improve the health of children, to train the next generation of physicians, other healthcare workers and scientists who will advance the health of children, and to advocate for the healthcare needs of children. As part of this mission, The Children's Hospital of Philadelphia is committed to caring for children in its service area irrespective of ability to pay and to otherwise identify and help to meet the healthcare needs of children in the community and to advance science that will meet those needs. A reporting and accountability process is utilized that quantifies the cost of these services (referred to as Social Accountability Costs). These costs (other than actual charity care, which is reported in this Note 1) include, but are not limited to, the following for the year ended June 30, 2013:

Hospital Funded Cost of Medicaid & Gov't programs	\$ 96,554,000
Hospital funded cost of Health Professional Education	30,120,000
Losses at the four primary care centers operated in South and Southwest Philadelphia that target poor and underserved children	7,674,000
Subsidies for research	55,465,000
	\$189,813,000

CHOP engages in a significant number of other activities that serve the community. Many of those are described in its Community Benefit Report.

Fair Value Measurements

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

The Children's Hospital of Philadelphia - Obligated Group

Notes to Combined Financial Statements

June 30, 2013 and 2012

Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entities own assumptions about how market participants would value an asset or liability based on the best information available

Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. The fair value hierarchy based on three levels of input, of which the first two are considered observable and the last unobservable, that may be used to measure fair value

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Obligated Group for financial instruments measured at fair value on a recurring basis. The three levels of inputs are as follows:

- Level 1 – Quoted prices in active markets for identical assets or liabilities
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement

The carrying amounts reported on the combined balance sheets for cash, accounts receivable, accounts payable and accrued expenses approximates their fair value. The fair value of assets limited as to use and investments are included in Notes 4 and 5, respectively. The fair value of long-term obligations is calculated based upon yields available in the quoted market for bonds or debt of similar quality. The carrying amount and the estimated fair value of the Obligated Group's long-term obligations are included in Note 7.

The Obligated Group makes limited use of derivatives, which relate primarily to interest-rate swaps. Specific types of loans and amounts that the Obligated Group hedges are determined based on prevailing market conditions and are further discussed in Note 7.

Changes in the fair value of derivatives are recorded each period above or below excess of revenues over expenses, depending on whether a derivative is designated as part of a hedging relationship. For cash flow hedges in which the Obligated Group is hedging the variability of cash flows related to variable-rate long-term debt, the effective portion of the gain or loss on the derivative instrument will be reported as a component of the changes in unrestricted net assets. The gain or loss on the derivative instrument that is reported in changes in unrestricted net assets will be reclassified as a component of the statement of operations in the periods during which earnings are impacted by the variability of the cash flows of the hedged item. The ineffective portion of cash flow hedges will be recognized in excess of revenue over expenses on the statement of operations.

The Children's Hospital of Philadelphia - Obligated Group

Notes to Combined Financial Statements

June 30, 2013 and 2012

The Obligated Group formally documents all relationships between hedging instruments and hedged items, as well as its risk-management objective and strategy for undertaking various hedge transactions. This process includes linking all derivatives that are designated as fair-value or cash flow to specific liabilities on the balance sheet. The Obligated Group also formally assesses (both at the inception of the hedge and on an ongoing basis) whether the derivatives that are used in hedging transactions have been highly effective in offsetting changes in the fair value or cash flows of hedged items and whether those derivatives may be expected to remain highly effective in future periods. When it is determined that a derivative is not (or has ceased to be) highly effective as a hedge, the Obligated Group discontinues hedge accounting prospectively.

Recent Accounting Pronouncements

In July 2011, the FASB issued Accounting Standards Update (ASU) No. 2011-07, "Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities," which requires health care entities to change the presentation in their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). The guidance provided in this ASU is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Obligated Group has implemented this pronouncement.

The Financial Accounting Standards Board ("FASB") has issued Accounting Standards Update No. 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs (May 2011). ASU 2011-04 affects all entities that are required to make disclosures about recurring and nonrecurring fair value measurements under FASB ASC Topic 820, originally issued as FASB Statement No. 157, Fair Value Measurements. The amendments in this Update result in common fair value measurement and disclosure requirements in U.S. GAAP and IFRSs. Consequently, the amendments change the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. Those disclosures are effective for fiscal years beginning after December 15, 2011 and for interim periods within those fiscal years. The Obligated Group has implemented this pronouncement.

2. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those restricted as to use by the Obligated Group to a specific time period or purpose as directed by the donor. The Obligated Group classifies the portions of donor-restricted endowment funds of perpetual duration as permanently restricted net assets. Permanently restricted net assets of the Obligated Group are comprised of a) the original value of gifts donated to the Obligated Group through a permanent endowment, b) the original value of subsequent gifts to the Obligated Group through a permanent endowment, and c) accumulations to the permanent endowment in accordance with applicable donor gift instruments. Any portions of donor-restricted endowment funds that are not classified as permanently restricted are appropriated in accordance with donor intent.

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

The Obligated Group considers the following factors in determining if donor-restricted endowment funds are accumulated or appropriated

- 1) the duration and reservation of the fund
- 2) the purposes of the Obligated Group's donor-restricted endowment funds
- 3) general economic conditions
- 4) effect of possible inflation or deflation
- 5) the expected total investment return and appreciation of investments
- 6) other resources of the Obligated Group
- 7) investment policies of the Obligated Group

The Obligated Group's permanently restricted net assets consist of individual endowment accounts. Unless otherwise directed by the donor, gifts received for endowments are invested in accordance with the Obligated Group's investment policy. Unless otherwise directed by the donor, the Obligated Group annually appropriates a certain percentage of each endowment fund, which is then available for spending in accordance with the donor's intent. In order to preserve the real value of a donor's gift and to sustain funding consistent with donor intent, the annual appropriation rate is set to strike a reasonable balance between long-term objectives of preserving and growing each endowment fund for the future and providing stable, annual appropriations.

The June 30, 2013 endowment net asset composition by type of fund consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted funds	-	\$40,119,000	\$127,281,000	\$167,400,000
Board-designated funds	1,056,546,000	-	-	1,056,546,000
	<u>\$1,056,546,000</u>	<u>\$40,119,000</u>	<u>\$127,281,000</u>	<u>\$1,223,946,000</u>

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

Changes in endowment net assets for the fiscal year ended June 30, 2013 consists of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$933,529,000	\$27,530,000	\$121,356,000	\$1,082,415,000
Investment return				
Investment Income	9,704,000	1,533,000	-	11,237,000
Net appreciation (realized and unrealized)	107,436,000	16,968,000	-	124,404,000
Total investment return	117,140,000	18,501,000	-	135,641,000
Contributions	16,398,000	-	5,925,000	22,323,000
Transfers	49,191,000	(294,000)	-	48,897,000
Amounts appropriated for expenditures	(59,712,000)	(5,618,000)	-	(65,330,000)
Other changes	-	-	-	-
	\$1,056,546,000	\$40,119,000	\$127,281,000	\$1,223,946,000

The June 30, 2012 endowment net asset composition by type of fund consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted funds	-	\$27,530,000	\$121,356,000	\$148,886,000
Board-designated funds	933,529,000	-	-	933,529,000
	\$933,529,000	\$27,530,000	\$121,356,000	\$1,082,415,000

Changes in endowment net assets for the fiscal year ended June 30, 2012 consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$942,608,000	\$33,872,000	\$114,990,000	\$1,091,470,000
Investment return				
Investment Income	9,921,000	1,576,000	-	11,497,000
Net appreciation (realized and unrealized)	(17,650,000)	(2,902,000)	-	(20,552,000)
Total investment return	(7,729,000)	(1,326,000)	-	(9,055,000)
Contributions	13,345,000	-	6,366,000	19,711,000
Transfers	45,194,000	298,000	-	45,492,000
Amounts appropriated for expenditures	(59,889,000)	(5,314,000)	-	(65,203,000)
Other changes	-	-	-	-
	\$933,529,000	\$27,530,000	\$121,356,000	\$1,082,415,000

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

Temporarily restricted net assets at June 30, 2013 and 2012 are available for the following purpose

	2013	2012
Special purpose, Pledges & Other	\$107,754,000	\$95,678,000
Endowment	40,119,000	27,530,000
Research	33,111,000	26,783,000
Capital improvements	26,111,000	20,105,000
	<u>\$207,095,000</u>	<u>\$170,096,000</u>

Permanently restricted net assets at June 30, 2013 and 2012 are available for the following purpose

	2013	2012
Endowed chairs	\$84,517,000	\$82,759,000
Other Endowment & Other	39,381,000	37,140,000
Perpetual trusts	23,078,000	22,688,000
	<u>\$146,976,000</u>	<u>\$142,587,000</u>

3. Pledges Receivable

Pledges receivable consists of private gifts and grants promised from individuals, corporations, foundations or other organizations, including \$18,126,000 and \$15,402,000 from related parties at June 30, 2013 and 2012 respectively

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Restricted promises are reported as either temporarily or permanently restricted net assets if they are received with donor stipulations that limit the use of the donated assets to a specific time period or purpose.

Pledges receivable are expected to be realized in the following periods:

2014	\$ 25,604,000
2015	20,916,000
2016	18,265,000
2017	11,314,000
2018	969,000
2019 and thereafter	692,000
	<u>77,760,000</u>
Less Present value discount	(7,566,000)
	70,194,000
Less Allowance for uncollectible pledges	(328,000)
	69,866,000
Less Current portion	(25,604,000)
	<u>\$ 44,262,000</u>

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

4. Assets Limited as to Use

Assets limited as to use are comprised of the following at June 30, 2013

	Level 1	Level 2	Level 3	Alternative Investments	Total
Board-designated					
Cash, cash equivalents and money market	\$16,135,000	-	\$1,045,000	-	\$17,180,000
Corporate and municipal bonds	-	53,782,000	22,465,000	-	76,247,000
Domestic and foreign equities	305,559,000	-	52,891,000	-	358,450,000
U S government securities	26,807,000	30,510,000	-	-	57,317,000
Private Equity, Real Assets & Hedge Funds	-	-	239,000	245,448,000	245,687,000
	348,501,000	84,292,000	76,640,000	245,448,000	754,881,000
Less Current portion	-	-	-	-	-
	348,501,000	84,292,000	76,640,000	245,448,000	754,881,000
Restricted by donors					
Cash, cash equivalents and money market	3,579,000	-	276,000	-	3,855,000
Corporate and municipal bonds	-	11,930,000	6,185,000	-	18,115,000
Domestic and foreign equities	67,780,000	-	13,623,000	-	81,403,000
U S government securities	5,947,000	6,768,000	-	-	12,715,000
Private Equity, Real Assets & Hedge Funds	-	-	-	54,447,000	54,447,000
Perpetual Trusts	-	-	23,078,000	-	23,078,000
	77,306,000	18,698,000	43,162,000	54,447,000	193,613,000
Less Current portion	-	-	-	-	-
	77,306,000	18,698,000	43,162,000	54,447,000	193,613,000
Held by trustee under debenture agreement					
Cash, cash equivalents and money market	-	42,938,000	-	-	42,938,000
U S government securities	-	-	-	-	-
	-	42,938,000	-	-	42,938,000
Less Current portion	-	-	-	-	-
	-	42,938,000	-	-	42,938,000
Self insurance					
Cash, cash equivalents and money market	12,129,000	-	8,093,000	-	20,222,000
Corporate and municipal bonds	-	51,263,000	3,524,000	-	54,787,000
Domestic and foreign equities	69,996,000	-	8,302,000	-	78,298,000
U S government securities	15,308,000	34,900,000	-	-	50,208,000
Private Equity, Real Assets & Hedge Funds	-	-	-	38,526,000	38,526,000
	97,433,000	86,163,000	19,919,000	38,526,000	242,041,000
Less Current portion	(8,179,000)	(13,960,000)	(112,000)	-	(22,251,000)
	89,254,000	72,203,000	19,807,000	38,526,000	219,790,000
	\$515,061,000	\$218,131,000	\$139,609,000	\$338,421,000	\$1,211,222,000

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

Assets limited as to use are comprised of the following at June 30, 2012

	Level 1	Level 2	Level 3	Alternative Investments	Total
Board-designated					
Cash, cash equivalents and money market	\$715,000	-	\$44,601,000	-	\$45,316,000
Corporate and municipal bonds	-	68,041,000	19,133,000	-	87,174,000
Domestic and foreign equities	228,476,000	-	48,350,000	-	276,826,000
U S government securities	44,472,000	18,149,000	4,000	-	62,625,000
Private Equity, Real Assets & Hedge Funds	-	-	428,000	246,352,000	246,780,000
	<u>273,663,000</u>	<u>86,190,000</u>	<u>112,516,000</u>	<u>246,352,000</u>	<u>718,721,000</u>
Less Current portion	(1,966,000)	-	-	-	(1,966,000)
	<u>271,697,000</u>	<u>86,190,000</u>	<u>112,516,000</u>	<u>246,352,000</u>	<u>716,755,000</u>
Restricted by donors					
Cash, cash equivalents and money market	148,000	-	9,292,000	-	9,440,000
Corporate and municipal bonds	-	14,100,000	5,093,000	-	19,193,000
Domestic and foreign equities	46,938,000	-	11,740,000	-	58,678,000
U S government securities	9,216,000	3,761,000	1,000	-	12,978,000
Private Equity, Real Assets & Hedge Funds	-	-	-	51,051,000	51,051,000
Perpetual Trusts	-	-	22,688,000	-	22,688,000
	<u>56,302,000</u>	<u>17,861,000</u>	<u>48,814,000</u>	<u>51,051,000</u>	<u>174,028,000</u>
Less Current portion	-	-	-	-	-
	<u>56,302,000</u>	<u>17,861,000</u>	<u>48,814,000</u>	<u>51,051,000</u>	<u>174,028,000</u>
Held by trustee under debenture agreement					
Cash, cash equivalents and money market	-	88,341,000	-	-	88,341,000
U S government securities	-	63,695,000	-	-	63,695,000
	<u>-</u>	<u>152,036,000</u>	<u>-</u>	<u>-</u>	<u>152,036,000</u>
Less Current portion	-	-	-	-	-
	<u>-</u>	<u>152,036,000</u>	<u>-</u>	<u>-</u>	<u>152,036,000</u>
Self insurance					
Cash, cash equivalents and money market	1,911,000	-	13,447,000	-	15,358,000
Corporate and municipal bonds	-	57,681,000	3,259,000	-	60,940,000
Domestic and foreign equities	61,154,000	-	7,993,000	-	69,147,000
U S government securities	31,972,000	26,398,000	1,000	-	58,371,000
Private Equity, Real Assets & Hedge Funds	-	-	-	40,726,000	40,726,000
	<u>95,037,000</u>	<u>84,079,000</u>	<u>24,700,000</u>	<u>40,726,000</u>	<u>244,542,000</u>
Less Current portion	(8,028,000)	(11,185,000)	(973,000)	-	(20,186,000)
	<u>87,009,000</u>	<u>72,894,000</u>	<u>23,727,000</u>	<u>40,726,000</u>	<u>224,356,000</u>
	<u>\$415,008,000</u>	<u>\$328,981,000</u>	<u>\$185,057,000</u>	<u>\$338,129,000</u>	<u>\$1,267,175,000</u>

Alternative investments, except certain real assets, are accounted for under the equity method of accounting and are not required to be included as Level 1, 2 or 3

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

The following table is a roll forward for the statement of financial position amounts for financial instruments classified by the Obligated Group within Level 3 of the fair value hierarchy defined above

	Fair value 2012	Unrealized Gains (Losses)	Realized Gains (Losses)	Sales	Purchases	Fair value 2013
Cash, Cash Equivalents & Money Markets	\$67,340,000	-	-	\$ (317,164,000)	\$259,238,000	\$9,414,000
Corporate & Municipal Bonds	27,485,000	342,000	(10,000)	(25,000)	4,382,000	32,174,000
Domestic & Foreign Equities	68,083,000	15,156,000	422,000	(8,845,000)	-	74,816,000
US Government Securities	6,000	(9,000)	-	-	3,000	-
Private Equity, Real Assets & Hedge Funds	428,000	(189,000)	-	-	-	239,000
Perpetual Trusts Held by 3rd Party	22,688,000	390,000	-	-	-	23,078,000
	186,030,000	15,690,000	412,000	(326,034,000)	263,623,000	139,721,000
Less Current portion	(973,000)					(112,000)
	<u>\$185,057,000</u>	<u>\$15,690,000</u>	<u>\$412,000</u>	<u>\$ (326,034,000)</u>	<u>\$263,623,000</u>	<u>\$139,609,000</u>

Included above, in restricted by donors are funds held in trust by others in perpetuity for the benefit of the Obligated Group, which have been recorded in permanently restricted net assets at fair market value at \$23,078,000 at June 30, 2013 and \$22,688,000 at June 30, 2012

5. Investments

Investments are comprised of the following at June 30, 2013

	Level 1	Level 2	Level 3	Alternative Investments	Total
Cash, cash equivalents and money market	\$6,455,000	-	\$433,000	-	\$6,888,000
Corporate and municipal bonds	-	21,516,000	9,308,000	-	30,824,000
Domestic and foreign equities	122,243,000	-	21,916,000	-	144,159,000
U S government securities	10,725,000	12,206,000	-	-	22,931,000
Private Equity, Real Assets & Hedge Funds	-	-	-	98,195,000	98,195,000
	<u>\$139,423,000</u>	<u>\$33,722,000</u>	<u>\$31,657,000</u>	<u>\$98,195,000</u>	<u>\$302,997,000</u>

Investments are comprised of the following at June 30, 2012

	Level 1	Level 2	Level 3	Alternative Investments	Total
Cash, cash equivalents and money market	\$217,000	-	\$13,574,000	-	\$13,791,000
Corporate and municipal bonds	-	\$20,673,000	6,102,000	-	26,775,000
Domestic and foreign equities	68,821,000	-	15,392,000	-	84,213,000
U S government securities	13,512,000	5,514,000	1,000	-	19,027,000
Private Equity, Real Assets & Hedge Funds	-	-	-	74,850,000	74,850,000
	<u>\$82,550,000</u>	<u>\$26,187,000</u>	<u>\$35,069,000</u>	<u>\$74,850,000</u>	<u>\$218,656,000</u>

Alternative investments, except certain real assets, are accounted for under the equity method of accounting and are not required to be included as Level 1, 2 or 3

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

The following table is a roll forward for the statement of financial position amounts for financial instruments classified by the Obligated Group within Level 3 of the fair value hierarchy defined above

	Fair value 2012	Unrealized Gains (Losses)	Realized Gains (Losses)	Sales	Purchases	Fair value 2013
Cash, Cash Equivalents & Money Markets	\$13,574,000	-	-	(60,104,000)	46,963,000	\$433,000
Corporate & Municipal Bonds	6,102,000	65,000	(2,000)	(5,000)	3,148,000	9,308,000
Domestic & Foreign Equities	15,392,000	2,872,000	80,000	(876,000)	4,448,000	21,916,000
US Government Securities	1,000	(2,000)	-	-	1,000	-
	<u>\$35,069,000</u>	<u>\$2,935,000</u>	<u>\$78,000</u>	<u>\$ (60,985,000)</u>	<u>\$54,560,000</u>	<u>\$31,657,000</u>

6. Land, Buildings and Equipment

Land, buildings and equipment and accumulated depreciation consist of the following at June 30

	2013	2012
Assets		
Land	\$31,788,000	\$29,505,000
Land improvements	1,559,000	1,324,000
Buildings and building improvements	1,217,322,000	1,166,903,000
Fixed equipment	641,844,000	638,238,000
Major movable equipment	823,213,000	765,941,000
Construction-in-progress	372,984,000	200,670,000
	<u>3,088,710,000</u>	<u>2,802,581,000</u>
Accumulated depreciation		
Land improvements	(1,211,000)	(1,153,000)
Buildings and building improvements	(334,334,000)	(289,843,000)
Fixed equipment	(433,634,000)	(406,620,000)
Major movable equipment	(588,102,000)	(509,961,000)
	<u>(1,357,281,000)</u>	<u>(1,207,577,000)</u>
	<u>\$1,731,429,000</u>	<u>\$1,595,004,000</u>

The Obligated Group capitalized \$10,300,000 and \$4,322,000 of interest expense as of June 30, 2013 and 2012, respectively

For financial reporting purposes, the Obligated Group uses straight-line depreciation over the assets' estimated lives, which are as follows

Land improvements	10-20 years
Buildings and building improvements	10-40 years
Fixed equipment	5-20 years
Major movable equipment	3-20 years

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

Construction-in-progress at June 30, 2013 consists primarily of expansion of CHOP and information systems projects with estimated costs to complete of approximately \$1,002,086,000

7. Long-Term Debt

Long-term debt consists of the following at June 30

	2013	2012
Revenue Bonds Series A of 2002, interest payable monthly at a variable rate (0.06% at June 30, 2013) and principal payable at various maturity dates through July 1, 2022 (a)	\$21,500,000	\$21,500,000
Revenue Bonds, Series B of 2002, interest payable monthly at a variable rate (0.06% at June 30, 2013) and principal payable at various maturity dates through July 1, 2025 (a)	91,800,000	91,800,000
Revenue Bonds, Series A of 2003, interest payable monthly at a variable rate (0.06% at June 30, 2013) and principal payable at various maturity dates through February 15, 2014 (b)	7,100,000	13,800,000
Revenue Bonds, Series A of 2005, interest payable monthly at a variable rate (0.06% at June 30, 2013) and principal payable at various maturity dates through February 15, 2021 (c)	60,950,000	60,950,000
Sunny Day Fund Loan, interest payable at 3.00% in monthly installments of Interest & Principal of \$38,000 through June 1, 2012, and a final balloon payment of \$3,958,000 due July 1, 2012 (d)	-	3,958,000
Revenue Bonds, Series A 2007, interest payable semi-annually at rates varying from 4.00% to 4.50%, and principal payable at various maturity dates through July 1, 2037 (f)	208,525,000	214,135,000
Revenue Bonds, Series A of 2011, interest payable monthly at a variable rate (0.06% at June 30, 2013) and principal payable at various maturity dates through July 1, 2041(h)	50,000,000	50,000,000
Revenue Bonds, Series B of 2011, interest payable monthly at a variable rate (0.06% at June 30, 2013) and principal payable at various maturity dates through July 1, 2041(h)	50,000,000	50,000,000
Revenue Bonds, Series C of 2011, interest payable semi-annually at rates varying from 2.00% to 5.00%, and principal payable at various maturity dates through July 1, 2041(i)	96,785,000	96,785,000
Revenue Bonds, Series D of 2011, interest payable semi-annually at rates varying from 4.25% to 5.00%, and principal payable at various maturity dates through July 1, 2032(j)	164,010,000	164,010,000
Note Payable, interest payable at 1.00% quarterly from December 27, 2012 to October 1, 2019	9,800,000	-
PIDC Loan, interest payable at 3.00% monthly from June 1, 2001 to May 1, 2031, and principal and interest paid in monthly installments of \$37,000 from June 1, 2004 through May 1, 2031 (e)	6,200,000	6,457,000
	<u>766,670,000</u>	<u>773,395,000</u>
Less Current portion	<u>(14,850,000)</u>	<u>(16,525,000)</u>
	<u>\$751,820,000</u>	<u>\$756,870,000</u>

The Children’s Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

Principal repayments as of June 30, 2013 on the long-term debt are due as follows

2014	\$14,850,000
2015	15,523,000
2016	16,188,000
2017	16,890,000
2018	17,729,000
2019	18,448,000
2020 and thereafter	<u>667,042,000</u>
	<u>\$766,670,000</u>

- a In July 2002, the Obligated Group borrowed \$309,300,000 under a Loan Agreement from the sale of tax-exempt Hospital Revenue Bonds (The Children’s Hospital of Philadelphia Project), Series A, B, C, D, and E of 2002 (the “2002 Bonds”) issued by the Obligated Group and Higher Education Facilities Authority of Philadelphia (the “Authority”) The proceeds from the sale of the 2002 Bonds were deposited in escrow accounts and used to provide funds to (i) pay or reimburse CHOP for the costs of constructing new facilities (ii) advance refund the Hospital Revenue Bonds (CHOP) Series 1992A, 1992B and 1996A in the aggregate amount of \$183,430,000 and the Hospital Revenue Bonds (“CSH”) Series 1992A and 1992B in the aggregate amount of \$37,140,000, and (iii) fund debt service reserves and debt issuance costs pertaining to the 2002 Bonds

The 2002 Bonds were issued under a loan and trust agreement dated as of July 1, 2002 (the “Original Trust Agreement”) among the Authority, J P Morgan Trust Company, National Association, as trustee, and the Foundation and CHOP Under this agreement, the Foundation and CHOP (collectively considered the initial members of the Obligated Group) are jointly and severally obligated to provide funds to service all outstanding debt of approximately \$309,300,000 under the Master Indenture

Under the terms of the 2002 Bonds, the Obligated Group pledged an interest in its gross revenues and is required to, among other things, meet defined debt service coverage and debt to capitalization ratios, maintain a minimum days cash on hand, and limit the amount of operating assets that may be disposed or transferred The terms of the 2002 Bonds also specify conditions under which the members of the Obligated Group may incur additional debt Failure by the members of the Obligated Group to observe certain covenants may result in the occurrence of an event of default, upon which the remaining obligations may be declared immediately due and payable The Obligated Group was in compliance with its covenants at June 30, 2013 and 2012

- b During February 2003, the Obligated Group borrowed \$52,500,000 under a Loan Agreement from the sale of tax-exempt Hospital Revenue Bonds (The Children’s Hospital of Philadelphia Project), Series A of 2003 (the “2003 A Bonds”) issued by the Authority The proceeds from the 2003A Bonds were used to refinance \$52,415,000 of the Series 1993 A Bonds The 2003 A Bonds were issued under the Original Trust Agreement noted in (a) above, as supplemented by a first supplemental loan and trust agreement dated as of February 1, 2003, (the “First Supplemental Trust Agreement” and together with the Trust Agreement) The 2003 A Bonds are payable, on a parity basis with the 2002 Bonds

The Children's Hospital of Philadelphia - Obligated Group

Notes to Combined Financial Statements

June 30, 2013 and 2012

- c During February 2005, the Obligated Group borrowed \$60,950,000 under a Loan Agreement from the sale of tax-exempt Hospital Revenue Bonds (The Children's Hospital of Philadelphia Project) Series A of 2005 (the "2005 A Bonds") issued by the Authority. The proceeds from the 2005 A Bonds were used to refinance \$60,950,000 of the Series 1993 A Bonds. The 2005 A Bonds were issued under the Original Trust Agreement noted in (a) above, as supplemented by a second supplemental loan and trust agreement dated as of February 1, 2005 (the "Second Supplemental Trust Agreement" and together with the Trust Agreement). The 2005 Bonds are payable, on a parity basis with the 2002 and 2003 Bonds.
- d In 1992, in connection with the construction of the new research and development facility, the Obligated Group was granted a \$9,000,000 Sunny Day Fund Loan (the "Loan") from the Department of Commerce of the Commonwealth of Pennsylvania. The loan is evidenced by a Note in the principal amount of the loan and is collateralized by a mortgage granting a second priority lien on the tract of land upon which the research facility is built. The first priority lien releases to the above-mentioned bonds. The Foundation is the guarantor for all payments and obligations under the Loan. The proceeds of the Loan were used solely to finance a portion of the costs to construct the new facility.
- e The Obligated Group also entered into a loan with Philadelphia Industrial Development Corporation ("PIDC") in the original principal amount of \$8,279,000.
- f During February 2007, the Obligated Group borrowed \$222,825,000 under a Loan Agreement from the sale of tax-exempt Hospital Revenue Bonds (The Children's Hospital of Philadelphia Project), Series A of 2007 (the 2007 A Bonds) issued by the Authority. The proceeds from the 2007 A Bonds were deposited into an escrow account to provide funds to (i) pay or reimburse CHOP for the cost of constructing new facilities and (ii) debt fund issuance costs pertaining to the 2007 A Bonds. The 2007 A Bonds were issued under the original Trust Agreement noted in (a) above, as supplemented by a third supplemental loan and trust agreement dated as of February 15, 2007 (the "Third Supplemental Trust Agreement" and together with the Trust Agreement). The 2007 A Bonds are payable on a parity basis with the 2002, 2003 and 2005 Bonds.
- g During March 2011, the Obligated Group borrowed \$100,000,000 under a Loan Agreement from the sale of tax-exempt Hospital Revenue Bonds (The Children's Hospital of Philadelphia Project) Series 2011 A, and B (Series 2011 Bonds) issued by the Authority. The proceeds were used to finance the costs of a project consisting of (A)(i) construction of a new, eight story ambulatory care center, a five-level underground parking garage for 1,500 cars and other improvements relating to the ambulatory care center, (ii) undertaking certain other miscellaneous capital projects, equipment purchases and campus renovation, (iii) reimbursing the Obligated Group for certain costs heretofore incurred in connection with such projects, and (B) payment of bond issuance costs and expenses.
- h During October 2011, the Obligated Group borrowed \$96,785,000 under a Loan Agreement from the sale of tax-exempt Hospital Revenue Bonds (The Children's Hospital of Philadelphia Project) Series 2011 C, (Series 2011 Bonds) issued by the Authority. The proceeds were used to finance the costs of a project consisting of (A)(i) construction of a new, eight story ambulatory care center, a five-level underground parking garage for 1,500 cars and other improvements relating to the ambulatory care center, (ii) undertaking certain other miscellaneous capital projects, equipment purchases and campus renovation, (iii) reimbursing the Obligated Group for certain costs heretofore incurred in connection with such projects, and (B) payment of bond issuance costs and expenses.

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

- I During December 2012, The Obligated Group also entered into a loan with CITI NMTC Subsidiary XII, LLC in the amount of \$9,800,000. The proceeds were used to finance the construction of a pediatric care center.
- J During October 2011, the Obligated Group borrowed \$164,010,000 under a Loan Agreement from the sale of tax-exempt Hospital Revenue Bonds (The Children's Hospital of Philadelphia Project) Series 2011 D, (Series 2011 Bonds) issued by the Authority. The proceeds were used to (A) refund the Series 2008 A, B, and C bonds and (B) payment of bond issuance costs and expenses.

The series 2002, 2003, 2005, 2008, and 2011 A and B bonds are variable rate demand obligations which are payable on demand at the option of the bondholder. In connection with these bond offerings, CHOP entered into stand-by bond purchase agreements with various commercial banks which require the banks to purchase any bonds that are put by bondholders for payment. If the put bonds held by the banks are not remarketed after a 180 day period, the bonds will convert to term loans which are payable by CHOP in equal semi-annual installments over 5 years. Interest on the term loan is payable monthly at a rate of the greater of 9% or prime plus 2%. As of June 30, 2013, there were no bonds that were held by the banks under the terms of the stand-by purchase agreements.

Fair Value of Long-Term Debt

The fair value of the Obligated Group's tax-exempt debt is calculated based upon yields available in the quoted market as of June 30, 2013, for bonds of similar quality. The estimated fair value of the Obligated Group's debt as of June 30 is as follows:

	2013		2012	
	Carrying Amounts	Fair Value	Carrying Amounts	Fair Value
Series A of 2002	\$21,500,000	\$21,500,000	\$21,500,000	\$21,500,000
Series B of 2002	91,800,000	91,800,000	91,800,000	91,800,000
Series A of 2003	7,100,000	7,100,000	13,800,000	13,800,000
Series A of 2005	60,950,000	60,950,000	60,950,000	60,950,000
Series A of 2007	208,525,000	212,348,000	214,135,000	222,833,000
Series A of 2011	50,000,000	50,000,000	50,000,000	50,000,000
Series B of 2011	50,000,000	50,000,000	50,000,000	50,000,000
Series C of 2011	96,785,000	101,898,000	96,785,000	106,307,000
Series D of 2011	164,010,000	176,744,000	164,010,000	186,506,000
Sunny Day Fund Loan	-	-	3,958,000	3,958,000
Note Payable	9,800,000	9,800,000	-	-
PIDC Loan	6,200,000	6,200,000	6,457,000	6,457,000
	<u>\$766,670,000</u>	<u>\$788,340,000</u>	<u>\$773,395,000</u>	<u>\$814,111,000</u>

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

Derivative Financial Instruments

In connection with the issuance of the 2002 Bonds, the Obligated Group entered into two interest rate swap agreements on July 30, 2002 relating to Series A (the "2002 Swap") with expiration date of July 1, 2022. The 2002A Swap was entered into for the purpose of fixing interest rates on variable rate bonds, thus reducing exposures to interest rate fluctuations. The amount exchanged is based on the notional amount whereby the Obligated Group pays the counterparty interest at a fixed rate and the counterparty pays the Obligated Group at a variable rate based on the weekly Bond Market Association ("BMA") Index.

In connection with the issuance of 2003 Bonds, the Obligated Group entered into two interest rate swap agreements on February 15, 2003 with expiration dates of February 15, 2010 and February 15, 2014. The swaps were entered into for purposes of fixing interest rates on variable rate bonds, thus reducing exposures to interest rate fluctuations. The amount exchanged is based on the notional amount whereby the Obligated Group pays the counterparty interest at a fixed rate and the counterparty pays the Obligated Group at a variable rate based on the BMA Index. The Obligated Group has accounted for the 2003A Swap as a cash flow hedge with the effective portion change in valuation being accounted for as a component of the changes in unrestricted net assets.

In connection with the issuance of 2005 Bonds, the Obligated Group entered into an interest rate swap agreement on February 15, 2005 with an expiration date of February 15, 2021. The swap was entered into for purposes of fixing interest rates on variable rate bonds, thus reducing exposures to interest rate fluctuations. The amount exchanged is based on the notional amount whereby the Obligated Group pays the counterparty interest at a fixed rate and the counterparty pays the Obligated Group at a variable rate based on the BMA Index. The Obligated Group has accounted for the 2005A Swap as a cash flow hedge with the effective portion change in valuation being accounted for as a component of the changes in unrestricted net assets.

The notional amounts and fair values, based on quoted market prices, of the Obligated Group's derivative financial instruments are as follows as of June 30:

	Notional	Balance Sheets		Statement of Operations	
		2013	2012	2013	2012
Interest Rate Swap					
2002A Swap	\$ 21,500,000	(\$2,787,000)	(\$3,794,000)	\$1,007,000	(\$1,018,000)
2003A Swap	7,100,000	(234,000)	(809,000)	575,000	779,000
2005A Swap	60,950,000	(9,820,000)	(12,780,000)	2,960,000	(2,877,000)
Totals	\$89,550,000	(\$12,841,000)	(\$17,383,000)	\$4,542,000	(\$3,116,000)

Under these agreements, net interest expense of \$4,109,000 and \$4,425,000 relating to the derivative financial instruments was incurred for the years ended June 30, 2013 and 2012 respectively.

Interest rate swaps have been classified in Level 2 of the fair value hierarchy. For the over the counter derivatives that trade in liquid markets, such as interest rate swaps, model inputs (i.e. contractual terms, market prices, yield curves, credit curves and measures of volatility) can generally be verified and model selection does not involve significant management judgment.

The Children's Hospital of Philadelphia - Obligated Group

Notes to Combined Financial Statements

June 30, 2013 and 2012

8. Pension Plans

Through December 31, 1999, CHOP sponsored a defined benefit pension plan (the "Plan") that covered substantially all nonunion employees. The Plan called for benefits to be paid to eligible employees at retirement, based primarily upon years of service with CHOP and compensation. Contributions to the Plan reflected benefits attributed to employees' service to date, as well as service expected to be rendered in the future. Plan assets consisted primarily of common stock, investment-grade corporate bonds, and U.S. Government obligations.

The Plan sponsor voted to amend and restate the Plan effective January 1, 2000 to reflect the conversion of the Plan to a cash balance payment formula and the change in the Plan's name to The Children's Hospital of Philadelphia Pension Account Plan. Subject to certain grandfathering, the accrued benefit under the old plan was converted to the opening balance of the Pension Account Plan. The present value of the accrued benefit payable at age 65 was converted to a lump-sum using IRS required present value assumptions.

The Hospital's Boards of Trustees (the "Boards of Trustees") authorized the adoption of a noncontributory, defined benefit pension plan called the Pension Plan for Union-Represented Employees Hired before July 1, 2000 for the benefit of certain employees of CHOP as of June 30, 2000 who are covered under the collective bargaining agreement between CHOP and the National Union of Hospital and Health Care Employees, District 1199C. This plan excludes those employees of CHOP who had at least 15 years seniority with CHOP as of July 1, 2000, or who would be eligible to retire on an early or normal retirement date under the terms of the Pension Plan for Hospital and Health Care Employees, Philadelphia Vicinity (the "1199C Plan"), as in effect on June 1, 2000, on or before July 1, 2001, based on their anticipated service as of July 1, 2001 ("Grandfathered Union Employees"). These Grandfathered Union Employees remain in the 1199C plan.

The Boards of Trustees authorized the adoption of a noncontributory defined benefit pension plan with a cash balance payment formula called The Children's Hospital of Philadelphia Pension Plan for Union-Represented Employees Hired On or After July 1, 2000. This plan was similar to The Children's Hospital of Philadelphia Pension Account Plan as in effect at that time. This plan covers the employees under the collective bargaining agreement between CHOP and District 1199C hired on or after July 1, 2000.

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

The 2013 and 2012 actuarially computed cost for the Plan, Pension Plan for Union Represented Employees hired before July 1, 2000 and Pension Plan for Union-Represented Employees hired after on or July 1, 2000 included the following components

	2013	2012
Change in benefit obligation		
Benefit obligation at beginning of year	\$395,190,000	\$289,327,000
Service cost	22,588,000	17,175,000
Interest cost	17,646,000	16,727,000
Actuarial (gain) loss	(28,222,000)	77,038,000
Benefits paid	(5,333,000)	(3,945,000)
Other	(1,590,000)	(1,132,000)
	<u>\$400,279,000</u>	<u>\$395,190,000</u>
Change in plan assets		
Fair value of plan assets at beginning of year	247,467,000	225,296,000
Actual return on plan assets (net expenses)	30,465,000	1,107,000
Employer contributions	36,775,000	26,141,000
Benefits paid	(5,333,000)	(3,945,000)
Other	(1,590,000)	(1,132,000)
	<u>\$307,784,000</u>	<u>\$247,467,000</u>
Reconciliation of the funded status		
Funded status	<u>(92,496,000)</u>	<u>(147,723,000)</u>
Accrued pension cost	<u>\$ (92,496,000)</u>	<u>\$ (147,723,000)</u>

The accumulated benefit obligation for all defined benefit pension plans was \$351,644,000 and \$347,376,000 at June 30, 2013 and 2012, respectively

	2013	2012
Components of net periodic benefit cost		
Service cost	22,588,000	17,175,000
Interest cost	17,646,000	16,727,000
Expected return on plan assets	(22,495,000)	(20,106,000)
Amortization of prior service cost	174,000	187,000
Amortization of net actuarial loss	12,021,000	4,997,000
	<u>\$29,934,000</u>	<u>\$18,980,000</u>
Net (loss) / Gain	(\$36,192,000)	\$96,037,000
Amortization of prior service cost	(174,000)	(187,000)
Amortization of net loss	(12,021,000)	(4,997,000)
	<u>(48,387,000)</u>	<u>90,853,000</u>
Total recognized in unrestricted net assets		
	<u>(48,387,000)</u>	<u>90,853,000</u>
Total recognized in net periodic benefit cost and unrestricted net assets	<u>(\$18,453,000)</u>	<u>\$109,833,000</u>

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

The estimated net loss and prior service cost that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year are \$12,195,000 and \$5,184,000, respectively

	2013	2012
Weighted-average assumptions as of June 30		
Discount rate	5.00%	4.50%
Rate of compensation increase (Pension Account Plan)	4.75%	4.25%
Rate of compensation increase (Union Represented Plan)	3.00%	3.00%
Weighted-average assumptions for net periodic benefit cost		
Discount rate	4.50%	5.75%
Expected return on plan assets	7.75%	8.00%
Rate of compensation (Pension Account Plan)	4.25%	5.00%
Rate of compensation (Union Represented Plan)	3.00%	3.00%

The strategic asset allocation targets of the pension plans as of June 30, 2013 and the average asset allocation of these plans at June 30, 2013 and 2012 by asset category are as follows

	Target Allocation 2014	Percentage of Plan Assets 2013	Percentage of Plan Assets 2012
Equity securities	61%	54%	43%
Debt securities	18%	18%	15%
Alternative Investments	19%	26%	29%
Cash	2%	2%	13%
	<u>100%</u>	<u>100%</u>	<u>100%</u>

The expected long-term rate of return for the U.S. plan assets is based on the expected return of each of the above categories, weighted based on the target allocations for each class. Equity securities are expected to return 10% on average over the long-term. Debt securities are expected to return 6% over the long term and real assets are expected to return 8% over the long term.

Estimated future benefit payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

2014	\$ 5,729,000
2015	6,523,000
2016	7,397,000
2017	8,442,000
2018	9,796,000
2019- 2023	75,625,000

Contributions

The Obligated Group projects it will be required to make a pension plan contribution of approximately \$43,925,000 to the Plan in 2014.

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

Fair Value

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2013

	Level 1	Level 2	Level 3	Alternative	Total
Cash, cash equivalents and money market	-	-	\$10,162,000	-	\$10,162,000
Corporate and municipal bonds	52,432,000	-	2,060,000	-	54,492,000
Domestic and foreign equities	143,722,000	-	21,878,000	-	165,600,000
Private Equity, Real Assets & Hedge Funds	-	-	-	77,481,000	77,481,000
Total	\$196,154,000	0	\$34,100,000	\$77,481,000	\$307,735,000

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the year ended June 30, 2013

	Fair value 2012	Unrealized Gains (Losses)	Realized Gains (Losses)	Sales	Purchases	Fair value 2013
Cash, Cash Equivalents & Money Markets	\$16,670,000	-	-	(78,593,000)	72,085,000	\$10,162,000
Corporate & Municipal Bonds	2,011,000	60,000	1,000	(12,000)	-	2,060,000
Domestic & Foreign Equities	16,355,000	2,962,000	76,000	(515,000)	3,000,000	21,878,000
	\$35,036,000	\$3,022,000	\$77,000	\$(79,120,000)	\$75,085,000	\$34,100,000

The Obligated Group assets are managed by investment managers. Valuation techniques are utilized to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used measured fair value at June 30, 2013

- Common stock is valued based on quoted market prices in the active markets on which the individual securities traded
- Registered investment companies are valued at net asset value (NAV) of shares held by the Plan at year end
- Alternative Investments are valued based upon the NAV of the fund held by the Plan at year end. The Plan considers valuations provided to it by the general partners of the funds. The values assigned to private equity funds are based upon assessment of each underlying investment, incorporating valuations that consider the evaluation of financing and sale transactions with third parties, expected cash flows and market-based information, including comparable transactions and performance multiples among other factors

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Children’s Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

The Boards of Trustees authorized the adoption of a supplemental retirement plan, called The Children’s Hospital of Philadelphia Retirement Savings Plan, which is a tax-deferred annuity plan under Section 403(b) of the IRC of 1986, as amended, for non-bargaining unit employees

The Boards of Trustees authorized the adoption of a supplemental retirement plan, called The Children’s Hospital of Philadelphia Retirement Savings Plan for Union-Represented Employees, which is a tax-deferred annuity plan under Section 403(b) of the IRC of 1986, as amended, for bargaining unit employees

9. Commitments and Contingencies

The Obligated Group lease various facilities under operating leases expiring at various dates through 2027. Total rental expense in 2013 and 2012 for all operating leases was approximately \$21,909,000 and \$20,735,000, respectively

The following is a schedule by year of future minimum lease payments under operating leases as of June 30, 2013 that have initial or remaining lease terms in excess of one year

2014	\$ 16,951,000
2015	16,849,000
2016	15,340,000
2017	13,558,000
2018	8,326,000
2019 - 2027	62,996,000
	<u>\$134,020,000</u>

Industry

The healthcare industry in general and the services that the Obligated Group provides are subject to extensive federal and state laws and regulations. Additionally, a portion of the Obligated Group’s net revenue is from payments by government-sponsored healthcare programs, principally Medicaid, and is subject to audit and adjustments by applicable regulatory agencies. Failure to comply with any of these laws or regulations, the results of regulatory audits and adjustments, or changes in the amounts payable for the Obligated Group’s services under these programs, could have a material adverse effect on the Obligated Group’s financial position and results of operations.

Litigation

Although the Obligated Group is party to certain claims and litigation, in the opinion of management, the final outcome of these is not reasonably expected to have a material adverse effect on its combined financial position or results of operations.

Professional Liability Insurance

By an agreement effective April 1, 1998 among CHOP and Children’s Anesthesiology Associates, Ltd., Children’s Health Care Associates, Inc., Children’s Surgical Associates, Ltd., and Radiology Associates of Children’s Hospital, Inc. (collectively, together with their New Jersey counterparts and their affiliates, the “Practice Plans”), and the Hospital’s Departments of Pathology and Laboratory Medicine and Child and Adolescent Psychiatry (together with the Practice Plans, the “Departments”), CHOP and the Departments entered into a Joint Insurance Program (the “Joint Program”). Through June 30, 2001, the Joint Program was administered with the Departments participating with CHOP in its large deductible policies.

The Children’s Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

All claims with respect to occurrences beginning July 1, 2001 are insured through First Medical Insurance Company, a Risk Retention Group (“RRG”), domiciled in Vermont that was established by CHOP and certain of its tax-exempt affiliates, including the Practice Plans. Funding for deductibles and other related expenses for the RRG are included in RRG accounts. The July 1, 2001 to July 1, 2002 policy period was novated from a large deductible commercial policy into the RRG effective July 2003.

CHOP includes the RRG’s and other related investments, reserves, claim liabilities, and expenses for self-insured malpractice claims in the accompanying financial statements. Deposits to the RRG and other reserves are actuarially determined and represent estimates of funding necessary to cover the potential liability for professional malpractice claims and related legal fees and other expenses for CHOP and its affiliated health care provider entities and their covered physicians. CHOP used a discount rate of 3.0% for RRG and 4.5% for the Joint Programs.

CHOP and most of the physicians insured by the Joint Program and the RRG are subject to Pennsylvania law requiring professional liability insurance. For policies written in 2002 and prior, the amount of required coverage pursuant to Pennsylvania law was \$1.2 million per incident/\$3.6 million in the aggregate. For policies written subsequent to 2002, the required amount of coverage is \$1 million per incident/\$3 million in the aggregate. Claims brought within four years of the date of occurrence of alleged malpractice have two layers of coverage. The primary layer is provided by the Joint Insurance Program, and the RRG, as applicable. The second layer of coverage is provided by the Medical Care Availability and Reduction of Error Fund (the “MCARE Fund”).

The primary and MCARE Fund layers for relevant years are as follows:

Policy Year	CHOP	MCARE Fund
1997 – 1998	\$300,000 per occurrence \$1.5 million in the aggregate	\$900,000 per occurrence \$2.7 million in the aggregate
1999 – 2000	\$400,000 per occurrence \$2 million in the aggregate	\$800,000 per occurrence \$2.4 million in the aggregate
2001 – 2002	\$500,000 per occurrence \$2.5 million in the aggregate	\$700,000 per occurrence \$2.1 million in the aggregate
2003 – current	\$500,000 per occurrence \$2.5 million in the aggregate	\$500,000 per occurrence \$1.5 million in the aggregate

Through June 30, 2006, the MCARE Fund assumes defense of claims brought more than four years after the date of occurrence of alleged malpractice. There is no primary coverage from the Joint Insurance Program, or the RRG, as applicable, and the MCARE limits as described in the chart above are the limits of coverage. For occurrences beginning on or after July 1, 2006, the MCARE Fund no longer provides this special coverage and accordingly, claims brought more than four years after the date of the occurrence are treated in the same manner as claims brought within four years.

The Children's Hospital of Philadelphia - Obligated Group

Notes to Combined Financial Statements

June 30, 2013 and 2012

For those entities related to CHOP that are not subject to the MCARE Fund (including the Practice Plans and their New Jersey affiliates and certain other entities related to CHOP), limits are a shared \$1 million per incident/\$3 million in the aggregate. Coverage for physicians who practice less than 50% in Pennsylvania is \$1 million per incident/\$3 million in the aggregate for each physician. Effective September 18, 2007, pursuant to Pennsylvania statute, Certified Registered Nurse Practitioners (CRNPs) are required to maintain coverage separate from CHOP's entity coverage, limits are \$1 million per incident/\$3 million in the aggregate shared limits.

CHOP purchased additional excess insurance, which provided coverage of \$60 million per occurrence and \$60 million in the aggregate in excess of the underlying insurance, for claims covered by the Joint Program with respect to occurrences between April 1, 1998 and June 30, 2001. Effective September 1, 2000, the excess insurance attaches only after a buffer layer of \$1 million/\$3 million above the underlying insurance. Effective for occurrences on or after July 1, 2001 through July 31, 2004 there is no excess insurance. Effective August 1, 2004 through September 1, 2005, CHOP purchased first-year claims-made excess coverage. The coverage provides \$50 million of limits excess of a per occurrence retention of \$15 million, plus an annual aggregate deductible ("AAD") of \$10 million for losses in excess of \$15 million per occurrence. The excess coverage was renewed for another 13-month period ending on October 1, 2006, with the inner AAD eliminated. The coverage was renewed on October 1, 2006 for another 13-month period, expiring November 1, 2007, with the same professional liability attachment point and limits. The coverage was renewed on November 1, 2007 for a 12-month period, expiring November 1, 2008, with revised professional liability attachment point and limits. The coverage continues to provide \$50 million of limits excess of \$15 million, but now the \$15 million is split into \$7.5 million per occurrence retention with an additional \$7.5 million aggregate excess retention. There is very limited catastrophic excess coverage in place.

The Medical Care Availability and Reduction of Error Fund (MCARE)

The Medical Care Availability and Reduction of Error Fund ("MCARE Fund"), an agency fund of the Commonwealth of Pennsylvania, acts as a service agent to facilitate the payment of medical malpractice claims exceeding the primary layer of professional liability insurance carried by CHOP and most of the physicians they insure. The MCARE Fund levies healthcare provider surcharges, as a percentage of joint underwriting association premiums for basic coverage, to pay claims and administrative expenses on behalf of MCARE Fund participants.

The actuarially computed liability to all health care providers (hospital, physicians and others) participating in the MCARE Fund at December 31, 2010 (the latest date for which such information is available) was \$1.23 billion (\$1.01 billion at net present value discounted at 4%). CHOP and the employed/insured physicians paid surcharge assessments during fiscal 2013 and 2012 totaling \$2,019,000 and \$1,756,000, respectively. No provision has been made for any MCARE Fund unfunded liabilities in the accompanying financial statements as CHOP's portion of the MCARE Fund unfunded liability cannot be reasonably estimated.

Workers' Compensation

The Obligated Group is self-insured for workers' compensation claims. At June 30, 2013 and 2012, the Obligated Group has an estimate of \$4,827,000 and \$4,821,000, respectively, included in accounts payable and accrued expenses to reserve for potential losses and paid expenses under the program. The discount rate used is 3%.

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

10. Concentrations of Credit Risk

The Obligated Group grants credit without collateral to their patients, most of whom reside in the Delaware Valley, and are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors at June 30 is as follows:

	2013	2012
Managed care and commercial	58%	51%
Medical assistance, includes Medicaid managed care	33%	41%
Self-pay	3%	3%
Other	6%	5%
	<u>100%</u>	<u>100%</u>

11. Functional Expenses

The Obligated Group provides general and specialty health care services to pediatric patients. Expenses related to providing these services as of June 30 are as follows:

	2013	2012
Health care services	\$927,150,000	\$877,622,250
Fundraising	19,086,000	17,640,000
Research services	322,451,000	289,624,000
General and administrative	<u>309,050,000</u>	<u>292,540,750</u>
	<u>\$1,577,737,000</u>	<u>\$1,477,427,000</u>

12. Related Parties

Total Revenues and Other Support includes related party revenues of \$10,485,000 and \$10,354,000 for the years ended June 30, 2013 and 2012, respectively. Total Expenses includes \$59,179,000 and \$55,796,000 in related party expenses for the years ended June 30, 2013 and 2012, respectively.

Practice Plans

The Practice Plans provide professional services and represent the physician service departments at CHOP in anesthesiology and critical care medicine, pediatrics, surgery and radiology, respectively. They provide and bill for medical professional clinical services performed at CHOP or in connection with CHOP programs, provide teaching services at CHOP and at the University of Pennsylvania School of Medicine, and engage in research activities at CHOP. The Practice Plans are not part of the Obligated Group and will have no obligation with respect to the Obligated Group debt.

Certain amounts are paid to the Practice Plans, pursuant to funding and contractual arrangements, for support of salaries of faculty members in the amounts of \$76,656,000 and \$74,422,000 for the years ended 2013 and 2012, respectively, which are recorded in the combined statements of operations.

The Obligated Group receives reimbursement for certain salaries and other expenses from the Practice Plans. For the year ended June 30, 2013 and 2012, \$133,349,000 and \$107,133,000, respectively, was received pursuant to those arrangements, which are recorded in the combined statement of operations.

The Children's Hospital of Philadelphia - Obligated Group
Notes to Combined Financial Statements
June 30, 2013 and 2012

PGH Development Corporation

CHOP is the controlling corporation of PGH Development Corporation ("PGHDC") PGHDC is not part of the Obligated Group

13. Subsequent Events

The Obligated group management has evaluated and concluded that subsequent events are properly reflected in The Obligated Group's financial statements and notes as required by standard for accounting disclosure of subsequent events as of October 23, 2013, the original issuance date of the financial statements as of and for the year ended June 30, 2013

