

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION. Doing business as: UPMC CHILDREN'S HOSPITAL FOUNDATION. Address: 4401 PENN AVENUE, PITTSBURGH, PA 15224.

D Employer identification number: 25-1865744. E Telephone number: (412) 692-3900. G Gross receipts \$ 68,629,066.

F Name and address of principal officer: RACHEL PETRUCCELLI, 4401 PENN AVENUE, PITTSBURGH, PA 15224.

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number.

I Tax-exempt status: 501(c)(3).

J Website: WWW.GIVETOCHILDRENS.ORG

K Form of organization: Corporation.

L Year of formation: 2000. M State of legal domicile: PA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7. Governance metrics; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer GREGORY KEEGAN CFO AND VP, OPERATIONS. Date: 2025-04-08. Paid Preparer Use Only: BAKER TILLY ADVISORY GROUP LP.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION IS THE SOLE FUNDRAISING ARM OF UPMC CHILDREN'S HOSPITAL OF PITTSBURGH.THE FOUNDATION EXISTS TO PROVIDE FINANCIAL SUPPORT FOR THE HOSPITAL'S MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF CHILDREN, TEENAGERS, AND YOUNG ADULTS THROUGH EXCELLENCE IN PATIENT CARE, TEACHING, RESEARCH, AND ADVOCACY.

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 \$ 50,153,761 including grants of \$ 50,153,761 ) (Revenue \$ )

UPFATGEANNUAL FUNDING FOR CHP: CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION (FOUNDATION) IS THE SOLE FUNDRAISING ARM OF UPMC CHILDREN'S HOSPITAL OF PITTSBURGH. THROUGH TARGETED CAMPAIGNS, SPECIAL EVENTS, AND GRANTS, THE FOUNDATION RAISES MONEY TO SUPPORT THE HOSPITAL'S MISSION OF EXCELLENCE IN PATIENT CARE, TEACHING, AND RESEARCH. CHILDREN'S HAS BEEN A CHARITABLE INSTITUTION SINCE ITS INCEPTION AND REMAINS A NON-PROFIT ENTITY. TO ENSURE THE CONTINUATION OF ITS CHARITABLE MISSION, IN JULY 2000, THE FOUNDATION WAS ESTABLISHED AS A SUBSIDIARY OF CHILDREN'S. IT THEN BECAME AN INDEPENDENT ORGANIZATION WHEN THE HOSPITAL MERGED WITH UPMC IN OCTOBER 2001. THROUGH THE FOUNDATION, GENEROUS DONATIONS LARGE AND SMALL FROM INDIVIDUALS, CORPORATIONS, FOUNDATIONS, AND COMMUNITY PARTNERS HAVE A DIRECT AND IMMEDIATE IMPACT ON CHILDREN'S HOSPITAL'S ABILITY TO TRANSFORM YOUNG LIVES THROUGH UNPARALLELED CARE AND DEEP COMPASSION. ROOTED IN PHILANTHROPY, CHILDREN'S IS SUSTAINED BY GENEROUS COMMUNITY SUPPORT, SETTING THE STANDARDS OF EXCELLENCE IN PEDIATRIC CARE. IN FY 2024, THE FOUNDATION SENT MORE THAN \$48 MILLION IN CONTRIBUTIONS TO THE HOSPITAL IN SUPPORT OF RESEARCH, CLINICAL PROGRAMS, MEDICAL EDUCATION AND FUNDS FOR FREE CARE.FOR MORE THAN 125 YEARS, CHILDREN'S HAS BEEN A FIXTURE IN PITTSBURGH AND THE SURROUNDING TRI-STATE REGION. WHAT BEGAN IN 1890 AS A SINGLE COT ENDOWED BY THE ENTREPRENEURIAL SON OF A LOCAL PEDIATRICIAN, HAS GROWN INTO A WORLD-RENOWNED CHILDREN'S HOSPITAL DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL CHILDREN.TODAY, UPMC CHILDREN'S CARES FOR INFANTS, CHILDREN, AND ADOLESCENTS WHO MAKE MORE THAN 1 MILLION VISITS TO OUR HOSPITAL, ITS MANY NEIGHBORHOOD LOCATIONS AND CHILDREN'S COMMUNITY CARE PEDIATRIC PRACTICES ANNUALLY. IN FY 2024, UPMC CHILDREN'S HAD 13,769 INPATIENT STAYS, 8,449 OBSERVATION STAYS, 76,302 EMERGENCY DEPARTMENT VISITS, 23,439 SURGERIES AND MORE THAN 1 MILLION OUTPATIENT VISITS.WITH A MEDICAL STAFF OF OVER 700, CHILDREN'S PROVIDES CARE ALONG THE FULL SPECTRUM OF PEDIATRIC SUBSPECIALTIES FROM ALLERGIES TO WEIGHT MANAGEMENT AND WELLNESS. CHILDREN'S TODAY IS A LEADER ON A NATIONAL SCALE IN A MULTITUDE OF PEDIATRIC SUB-SPECIALTIES, INCLUDING CARDIOLOGY, CARDIOTHORACIC SURGERY, DIABETES AND ENDOCRINOLOGY, HEMATOLOGY/ONCOLOGY, NEUROLOGY, NEUROSURGERY, ORGAN AND TISSUE TRANSPLANTATION, OTOLARYNGOLOGY (ENT), PULMONOLOGY, AND SURGERY. OUR NETWORK OF NEIGHBORHOOD LOCATIONS, AMBULATORY CARE CENTERS, PRIMARY AND SPECIALTY CARE PRACTICES, AND EXPRESS CARE CENTERS COVERS A MULTI-COUNTY REGION.UPMC CHILDREN'S WAS RECOGNIZED AS ONE OF THE TOP PEDIATRIC HOSPITALS IN THE COUNTRY, RANKING IN THE EIGHTH POSITION ON THE 2023-24 U.S. NEWS & WORLD REPORT HONOR ROLL OF BEST CHILDREN'S HOSPITALS. UPMC CHILDREN'S WAS RANKED FOR EXCELLENCE IN ALL 10 PEDIATRIC SPECIALTY AREAS AND AMONG THE TOP 10 IN SIX SPECIALTIES.WITH FOCUSED EFFORT AND INTENTIONAL ACTION PLANS, WE DECREASED HOSPITAL ACQUIRED INFECTIONS AND IMPROVED QUALITY OF CARE, AND WE ARE ONE OF ONLY 8 PEDIATRIC HOSPITALS IN THE NATION NAMED TO THE LEAPFROG GROUP'S PRESTIGIOUS "TOP CHILDREN'S HOSPITALS" LIST. CHILDREN'S ALSO LEADS THE WAY IN ADVANCED TECHNOLOGY, WITH SEVERAL ACCOMPLISHMENTS BASED ON OUR ADOPTION OF A FULLY INTEGRATED ELECTRONIC MEDICAL RECORD. IN 2009, CHILDREN'S WAS RECOGNIZED AS THE FIRST PEDIATRIC HOSPITAL IN THIS COUNTRY TO ACHIEVE STAGE 7 RECOGNITION FROM HIMSS (HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY) ANALYTICS FOR ACHIEVING A VIRTUALLY PAPERLESS PATIENT RECORD ENVIRONMENT AND THE MOST COMPREHENSIVE USE OF ELECTRONIC MEDICAL RECORDS. ALL INPATIENT AND OUTPATIENT STAFF UTILIZE CHILDREN'S ERECORD FOR ORDER ENTRY, CLINICAL DECISION SUPPORT, MEDICATION BAR-CODING, CLINICIAN DOCUMENTATION AND RADIOLOGICAL IMAGES. STAGE 7 IS MEASURED BY CONFORMANCE OF THE ELECTRONIC HEALTH RECORD TO THE CONTINUITY OF CARE DOCUMENT, THE NEWLY ADOPTED INTERNATIONAL STANDARD FOR EXCHANGE OF CLINICAL INFORMATION.IN ADDITION, CHILDREN'S HAS BEEN RECOGNIZED BY KLAS, AN INDEPENDENT HEALTH CARE RESEARCH ORGANIZATION, AS THE LEADER IN ITS USE OF HEALTH CARE INFORMATION TECHNOLOGY AMONG PEDIATRIC HOSPITALS IN THE UNITED STATES.IN JULY 2012, CHILDREN'S EARNED MAGNET RECOGNITION STATUS FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC). IN 2017, CHILDREN'S WAS RE-DESIGNATED AS A MAGNET FACILITY. MAGNET IS THE HIGHEST HONOR AN ORGANIZATION CAN RECEIVE FOR EXCELLENCE IN NURSING MAKING CHILDREN'S AMONG ONLY 6 PERCENT OF HOSPITALS NATIONWIDE TO HAVE ACHIEVED THIS PRESTIGIOUS DESIGNATION. ANCC'S MAGNET RECOGNITION PROGRAM RECOGNIZES HEALTH CARE ORGANIZATIONS FOR QUALITY PATIENT CARE, NURSING EXCELLENCE, AND INNOVATIONS IN PROFESSIONAL NURSING PRACTICE.UPMC CHILDREN'S HAS THE REGION'S ONLY STATE-ACCREDITED LEVEL I PEDIATRIC TRAUMA CENTER. IT REMAINS ONE OF THE BUSIEST EMERGENCY DEPARTMENTS IN THE CITY, 76,302 VISITS IN FY 2024. SUBSPECIALISTS IN ALL PEDIATRIC MEDICAL AND SURGICAL DISCIPLINES PROVIDE THE HIGHEST LEVEL OF CARE TO EVERY PATIENT AND FAMILY. CHILDREN'S HAS ONE OF THE FASTEST GROWING, NATIONAL INSTITUTES OF HEALTH-FUNDED (NIH) PEDIATRIC RESEARCH PROGRAMS IN THE COUNTRY. ACTIVE RESEARCH PROGRAMS RANGE FROM STEM CELL BIOLOGY AND REGENERATIVE MEDICINE TO NOVEL STRATEGIES FOR TREATING PEDIATRIC CANCER. THE JOHN G. RANGOS SR. RESEARCH CENTER, OPENED IN 2008, HOUSES A 10-STORY, 300,000-SQUARE-FOOT RESEARCH FACILITY. IN COLLABORATION WITH THE UNIVERSITY OF PITTSBURGH'S PETER M. WINTER INSTITUTE FOR SIMULATION, EDUCATION AND RESEARCH (WISER), CHILDREN'S STATE-OF-THE-ART PEDIATRIC SIMULATION CENTER INCORPORATES LIFE-LIKE SIMULATORS AND MULTI-TASK TRAINERS THAT ALLOW HEALTH CARE PROFESSIONALS TO RECOGNIZE AND MANAGE A WIDE ASSORTMENT OF PEDIATRIC-RELATED MEDICAL SITUATIONS. IT ALSO IS USED TO IMPART VITAL SKILLS SUCH AS INTUBATION, LUMBAR PUNCTURE, IV INSERTION, IV BLOOD DRAW, ARTERIAL BLOOD DRAW, AND BLADDER CATHETERIZATION.CHILDREN'S HOSPITAL SERVES MORE THAN 29 COUNTIES IN WESTERN PENNSYLVANIA AND SEVERAL COUNTIES THROUGHOUT OHIO AND WEST VIRGINIA. IN ADDITION TO THE HOSPITAL, CHILDREN'S OFFERS THE FOLLOWING:-MANY PEDIATRIC SPECIALISTS NOW OFFER VIDEO VISITS AS A CONVENIENT OPTION FOR FAMILIES -AMBULATORY CARE CENTERS - CHILDREN'S EAST (MONROEVILLE), CHILDREN'S NORTH (SEWICKLEY), CHILDREN'S PINE CENTER (WEXFORD), AND CHILDREN'S SOUTH (BRIDGEVILLE) OFFER CONVENIENT ACCESS TO HIGHLY SKILLED SPECIALISTS FROM SEVERAL DIVISION'S PEDIATRIC SPECIALTY CARE, ROUTINE PROCEDURES AND DIAGNOSTICS. PEDIATRIC SPECIALISTS FROM THESE AREAS WILL TRAVEL TO THE CENTER TO PROVIDE OUTPATIENT SERVICES, INCLUDING DIAGNOSTIC EVALUATIONS AND FOLLOW-UP CARE. -PRIMARY CARE CENTERS - CHILDREN'S OAKLAND MEDICAL BUILDING AND TURTLE CREEK, WHICH PROVIDE COMPREHENSIVE HEALTH SERVICES, INCLUDING SICK VISITS AND WELL-CHILD VISITS TO INFANTS, CHILDREN, AND ADOLESCENTS THROUGHOUT THE PITTSBURGH REGION.-SPECIALTY CARE CENTERS - UPMC CHILDREN'S HOSPITAL OF PITTSBURGH HAS NOW MADE IT EASIER THAN EVER FOR RESIDENTS OF THE HERMITAGE, ERIE, JOHNSTOWN, WASHINGTON PENNSYLVANIA REGIONS, WHEELING WV, AND CUMBERLAND MD TO HAVE ACCESS TO SPECIALTY CARE SERVICES FOR PEDIATRIC PATIENTS AND THEIR FAMILIES. CHILDREN'S SPECIALTY CARE CENTERS OFFERS CONVENIENT ACCESS TO HIGHLY SKILLED SPECIALISTS FROM SEVERAL DIVISIONS. PEDIATRIC SPECIALISTS FROM THESE AREAS WILL TRAVEL TO THE CENTER TO PROVIDE OUTPATIENT SERVICES, INCLUDING DIAGNOSTIC EVALUATIONS AND FOLLOW-UP CARE. T-REMOTE CONSULTATION FOR PEDIATRIC PATIENTS IN CRITICAL CARE UNITS LOCATED AROUND THE WORLD IS OFFERED BY CHILDREN'S WORLD-CLASS INTENSIVISTS WHEN COMPLEX CRITICAL CARE EXPERTISE IS NEEDED.-ONE CRITICAL CARE SPECIALTY HAS DEVELOPED AN INTERNATIONAL PROGRAM IN ITALY.-EXPRESS CARE CENTERS IN SOUTH FAYETTE, LAWRENCEVILLE, MONROEVILLE, WASHINGTON, MOON, ERIE, WEST MIFFLIN, CRANBERRY TWP, WEXFORD AND HUMMELSTOWN (IN EASTERN PA) OFFER FAMILIES ACCESS TO CONVENIENT AND IMMEDIATE CARE FOR INFANTS, CHILDREN, AND TEENS AFTER HOURS AND ON WEEKENDS FOR TREATMENT OF MINOR INJURIES AND ILLNESSES.-CHILDREN'S COMMUNITY CARE PEDIATRIC (CCP) IS THE LARGEST PEDIATRIC AND ADOLESCENT PRIMARY CARE MEDICAL NETWORK IN WESTERN PENNSYLVANIA, WITH 54 PEDIATRIC PRACTICE LOCATIONS, 4 PEDIATRIC DERMATOLOGY LOCATIONS AND 10 EXPRESS CARE LOCATIONS IN 18 COUNTIES. CCP HAS APPROXIMATELY 330,000 ACTIVE PATIENTS AND OVER 1,000,000 VISITS ANNUALLY. CCP PROVIDES: -EASY ACCESS TO PRIMARY CARE AT CONVENIENT NEIGHBORHOOD LOCATIONS. -MORE THAN 180 PEDIATRIC PHYSICIANS, PLUS 200 DEDICATED PHYSICIANS' ASSISTANTS AND NURSE PRACTITIONERS. -A WELL-CHILD CARE PHILOSOPHY FOR PREVENTION OF DISEASE AND INJURY. -EXPERT TREATMENT FOR BOTH ACUTE AND CHRONIC PEDIATRIC CONDITIONS. -SPECIALTY SERVICES INCLUDING BEHAVIORAL HEALTH, WEIGHT MANAGEMENT, AND LACTATION CONSULTANTS. -ACCESS TO WORLD-CLASS SPECIALISTS THROUGH ITS AFFILIATION WITH CHILDREN'S HOSPITAL.

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

FREE CARE FUNDING: PARENTS FACE PLENTY OF WORRIES, BUT WHETHER OR NOT THEY CAN AFFORD THEIR CHILD'S HEALTH CARE SHOULD NEVER BE ONE OF THEM. CHILDREN'S PROVIDES CARE TO SICK CHILDREN IN OUR REGION, REGARDLESS OF THEIR FAMILIES' INSURANCE OR ABILITY TO PAY THROUGH THE GENEROUS DONATIONS MADE TO THE FREE CARE FUND.DURING THE FISCAL YEAR WHICH ENDED JUNE 30, 2024, CHILDREN'S PROVIDED MORE THAN \$28.9 MILLION IN FREE AND UNCOMPENSATED CARE.

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 50,153,761

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 17, covering employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (40), 1b (39), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. AK, AR, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: GREGORY M KEEGAN 4401 PENN AVENUE PITTSBURGH, PA 15224 (412) 692-6914

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) RACHEL A PETRUCELLI PRESIDENT	40.00 0.00	X		X			416,356	0	41,217	
(2) VANESSA OPPERMAN MOREHOUSE CHAIR	3.50 0.00	X		X			0	0	0	
(3) GREGORY WEIMER VICE CHAIR	1.00 0.00	X		X			0	0	0	
(4) MARTHA H MUNSCH ESQ SECRETARY	1.00 0.00	X		X			0	0	0	
(5) BRYAN C BRANTLEY TRUSTEE	1.00 0.00	X					0	0	0	
(6) JOHN P BURKE TRUSTEE	1.00 0.00	X					0	0	0	
(7) LALIT CHORDIA PHD TRUSTEE	1.00 0.00	X					0	0	0	
(8) JAY W CLEVELAND JR TRUSTEE	1.00 0.00	X					0	0	0	
(9) DOUGLAS P DICK TRUSTEE	1.00 0.00	X					0	0	0	
(10) MARY JO DIVELY ESQ TRUSTEE	1.00 0.00	X					0	0	0	
(11) ANITA DRESSEL TRUSTEE	1.00 0.00	X					0	0	0	
(12) GEORGE K GITTES MD TRUSTEE	1.00 0.00	X					0	0	0	
(13) HOWARD W HANNA III TRUSTEE	1.00 0.00	X					0	0	0	
(14) B SCOTT KERN ESQ TRUSTEE	1.00 0.00	X					0	0	0	
(15) DENA RANTIN-LAMAR TRUSTEE	1.00 0.00	X					0	0	0	
(16) GREG LIGNELLI TRUSTEE	1.00 0.00	X					0	0	0	
(17) L DOUGLAS LIOON TRUSTEE	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) JOSEPH P LOHMAN ..... TRUSTEE	1.00 0.00	X					0	0	0
(19) GERALD F MACCLEARY ..... TRUSTEE	1.00 0.00	X					0	0	0
(20) JOSEPH M MANGANIELLO ..... TRUSTEE	1.00 0.00	X					0	0	0
(21) GEORGE V MAZARIEGOS MD FACS ..... TRUSTEE	1.00 0.00	X					0	0	0
(22) DAVID L MOTLEY ..... TRUSTEE	1.00 0.00	X					0	0	0
(23) ALBERT J NEUPAVER ..... TRUSTEE	1.00 0.00	X					0	0	0
(24) SLOAN OVERSTROM ..... TRUSTEE	1.00 0.00	X					0	0	0
(25) DENISE M PAMPENA ..... TRUSTEE	1.00 0.00	X					0	0	0
(26) ROBERT A PIETRANDREA ..... TRUSTEE	1.00 0.00	X					0	0	0
(27) DOROTHY J POLLON MBA JD ..... TRUSTEE	1.00 0.00	X					0	0	0
(28) MICHAEL K POPPER ..... TRUSTEE	1.00 0.00	X					0	0	0
(29) KEVIN M RABBIT ..... TRUSTEE	1.00 0.00	X					0	0	0
(30) CLIFFORD R ROWE JR ..... TRUSTEE/IMM. PAST PRES.	1.00 0.00	X					0	0	0
(31) C LANCE RUTTENBERG ..... TRUSTEE	1.00 0.00	X					0	0	0
(32) MARK G SCHOEPPNER ..... TRUSTEE	1.00 0.00	X					0	0	0
(33) ANANTHA SHEKHAR MD PHD ..... TRUSTEE	1.00 0.00	X					0	0	0
(34) KELLEY SKOLODA ..... TRUSTEE	1.00 0.00	X					0	0	0
(35) MARK A SNYDER ..... TRUSTEE	1.00 0.00	X					0	0	0
(36) REBECCA COST SNYDER ..... TRUSTEE	1.00 0.00	X					0	0	0
(37) JOHN A STALEY V ..... TRUSTEE	1.00 0.00	X					0	0	0
(38) JOAN ROSSIN STEPHANS ..... TRUSTEE	1.00 0.00	X					0	0	0
(39) ALBA TULL ..... TRUSTEE	1.00 0.00	X					0	0	0
(40) WALTER W TURNER ..... TRUSTEE	1.00 0.00	X					0	0	0
(41) JOSEPH C WALTON ..... TRUSTEE	1.00 0.00	X					0	0	0
(42) RONALD R DAVENPORT JR ..... TRUSTEE (UNTIL 04/24)	1.00 0.00	X					0	0	0
(43) LAWRENCE N GUMBERG ..... TRUSTEE (UNTIL 04/24)	1.00 0.00	X					0	0	0
(44) SYLVAN M HOLZER ..... TRUSTEE (UNTIL 10/23)	1.00 0.00	X					0	0	0
(45) RAMSEY LYONS ..... TRUSTEE (UNTIL 04/24)	1.00 0.00	X					0	0	0
(46) STEPHANIE MCMAHON ..... TRUSTEE (UNTIL 04/24)	1.00 0.00	X					0	0	0
(47) GREGORY M KEEGAN ..... CFO/TREAS., NON-VOTING	40.00 0.00			X			210,107	0	28,930
(48) KAREN DEPPERMAN ..... VP, DEVELOPMENT	40.00 0.00				X		166,909	0	25,969
(49) LARYSA GRADECK ..... VP, STRATEGIC ENGAGEMENT	40.00 0.00				X		171,189	0	16,902
(50) CAROL ASHBY ..... SR. DIR. MAJOR GIFT	40.00 0.00				X		157,631	0	22,570
(51) ROBIN WEBER ..... VP OF COMMUNITY RELATIONS	40.00 0.00				X		164,539	0	15,454
(52) ALANA KULESA ..... SEN.DIR, CORP. & FOUND. REL.	40.00 0.00				X		143,163	0	15,991
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>						1,429,894	0	167,033	

**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 **13**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> 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
MAILING SERVICE OF PITTSBURGH 155 COMMERCE DR FREEDOM, PA 15042	DONATION SOLICITATION MAILINGS	629,569
HARMELIN AND ASSOCIATES INC 525 RIGHTERS FERRY ROAD BALA CYNWYD, PA 19004	ADVERTISING	410,652
COMMUNITY COUNSELLING SERVICE CO LLC 527 MADISON AVENUE NEW YORK, NY 10022	CONSULTING SERVICES	395,200
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	MEMBERSHIP DUES	284,133
GARRISON HUGHES INC 100 FIRST AVE SUITE 200 PITTSBURGH, PA 15222	BRAND CAMPAIGN STRATEGY	157,273

**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 **5**

**Part VIII Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
<b>1a</b> Federated campaigns . . . . .			469,653	
<b>b</b> Membership dues . . . . .				
<b>c</b> Fundraising events . . . . .			846,263	
<b>d</b> Related organizations				
<b>e</b> Government grants (contributions)				
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above			39,234,626	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$			234,601	
<b>h Total.</b> Add lines 1a-1f . . . . .				40,550,542

Program Service Revenue		Business Code			
<b>2a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other program service revenue.				
<b>g Total.</b>	Add lines 2a-2f. . . . .				

Other Revenue						
		(i) Real	(ii) Personal			
<b>3</b>	Investment income (including dividends, interest, and other similar amounts)			9,290,710	118,371	9,172,339
<b>4</b>	Income from investment of tax-exempt bond proceeds					
<b>5</b>	Royalties . . . . .					
<b>6a</b>	Gross rents					
<b>b</b>	Less: rental expenses					
<b>c</b>	Rental income or (loss)					
<b>d</b>	Net rental income or (loss) . . . . .					
<b>7a</b>	Gross amount from sales of assets other than inventory			17,696,095		
<b>b</b>	Less: cost or other basis and sales expenses			14,968,931		
<b>c</b>	Gain or (loss)			2,727,164		
<b>d</b>	Net gain or (loss) . . . . .			2,727,164	46,752	2,680,412
<b>8a</b>	Gross income from fundraising events (not including \$ 846,263 of contributions reported on line 1c). See Part IV, line 18 . . . . .				1,091,719	
<b>b</b>	Less: direct expenses				470,886	
<b>c</b>	Net income or (loss) from fundraising events . . . . .			620,833		620,833
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
<b>b</b>	Less: direct expenses					
<b>c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
<b>b</b>	Less: cost of goods sold					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>11a</b>		Business Code				
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue . . . . .					
<b>e Total.</b>	Add lines 11a-11d . . . . .					
<b>12 Total revenue.</b>	See instructions . . . . .			53,189,249	0	165,123
						12,473,584

OtherRevenueMiscAmt

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,153,761	50,153,761		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	696,611		467,824	228,787
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,380,520		1,094,337	3,286,183
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,579		21,550	51,029
<b>9</b> Other employee benefits	583,021		144,401	438,620
<b>10</b> Payroll taxes	378,844		119,088	259,756
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	3,131		3,131	
<b>c</b> Accounting	26,740		26,740	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	672,822			672,822
<b>f</b> Investment management fees	255,910		255,910	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,134,517		146,536	987,981
<b>12</b> Advertising and promotion	364,354			364,354
<b>13</b> Office expenses	499,872		372,226	127,646
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	87,594		13,832	73,762
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	11,406		545	10,861
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	18,348		18,348	
<b>24</b> 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.)				
<b>a</b> DUES & LICENSES	352,342		63,880	288,462
<b>b</b> CREDIT CARD DISCOUNTS	100,196		100,196	
<b>c</b> OTHER EXPENSES	60,369		19,590	40,779
<b>d</b> MEALS & ENTERTAINMENT	12,504		3,598	8,906
<b>e</b> All other expenses	18,095		17,385	710
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	59,883,536	50,153,761	2,889,117	6,840,658
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	1,343,255	<b>1</b>	283,052
	<b>2</b> Savings and temporary cash investments	4,060,402	<b>2</b>	1,381,904
	<b>3</b> Pledges and grants receivable, net . . . . .	30,320,784	<b>3</b>	31,606,438
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .	315,074,039	<b>11</b>	341,711,799
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	23,681,261	<b>12</b>	20,941,201
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	11,824,038	<b>15</b>	12,737,062
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	386,303,779	<b>16</b>	408,661,456	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	94,891	<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> 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	5,426,969	<b>25</b>	4,123,704	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,521,860	<b>26</b>	4,123,704	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	154,533,309	<b>27</b>	162,177,740
	<b>28</b> Net assets with donor restrictions	226,248,610	<b>28</b>	242,360,012
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	380,781,919	<b>32</b>	404,537,752
<b>33</b> Total liabilities and net assets/fund balances	386,303,779	<b>33</b>	408,661,456	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	53,189,249
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	59,883,536
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,694,287
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	380,781,919
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	29,630,615
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	819,505
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	404,537,752

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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
<b>b</b>	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
CHILDREN'S HOSPITAL OF PITTSBURGH  
FOUNDATION

**Employer identification number**  
25-1865744

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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:

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- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	23,815,673	25,243,929	44,000,932	50,349,103	40,550,542	183,960,179
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	23,815,673	25,243,929	44,000,932	50,349,103	40,550,542	183,960,179
<b>5</b> 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) . . .						10,544,755
<b>6 Public support.</b> Subtract line 5 from line 4.						173,415,424

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4. . .	23,815,673	25,243,929	44,000,932	50,349,103	40,550,542	183,960,179
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	5,073,438	4,539,376	5,946,311	7,147,618	9,290,710	31,997,453
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .		149,853	352,132	254,027	141,569	897,581
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	248,205	952,165	907,805	1,162,935	1,091,719	4,362,829
<b>11 Total support.</b> Add lines 7 through 10						221,218,042

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

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	78.390 %
<b>15</b> Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	79.030 %

**16a 33 1/3% support test—2023.** 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—2022.** 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—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**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 10 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2023. 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.
b 33 1/3% support tests-2022. 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.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018. . . . .			
<b>b</b> From 2019. . . . .			
<b>c</b> From 2020. . . . .			
<b>d</b> From 2021. . . . .			
<b>e</b> From 2022. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019. . . . .			
<b>b</b> Excess from 2020. . . . .			
<b>c</b> Excess from 2021. . . . .			
<b>d</b> Excess from 2022. . . . .			
<b>e</b> Excess from 2023. . . . .			

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

### Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	NON-CHARITABLE FUNDRAISING RECEIPTS - 2019 AMOUNT: \$ 248,205. 2020 AMOUNT: \$ 952,165. 2021 AMOUNT: \$ 907,805. 2022 AMOUNT: \$ 1,162,935. 2023 AMOUNT: \$ 1,091,719.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

**Schedule of Contributors**

OMB No. 1545-0047

**2023**

(Form 990)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION	Employer identification number 25-1865744
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
 CHILDREN'S HOSPITAL OF PITTSBURGH  
 FOUNDATION

**Employer identification number**  
 25-1865744

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
 CHILDREN'S HOSPITAL OF PITTSBURGH  
 FOUNDATION

**Employer identification number**

25-1865744

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION	<b>Employer identification number</b> 25-1865744
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a)</b> <b>No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____ _____	_____ _____	_____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	
<b>(a)</b> <b>No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____ _____	_____ _____	_____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	
<b>(a)</b> <b>No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____ _____	_____ _____	_____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	
<b>(a)</b> <b>No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____ _____	_____ _____	_____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2022

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION

Employer identification number 25-1865744

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' (2a-2d), and various questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and amounts received or held.

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	337,392,605	305,533,295	360,451,133	276,005,233	283,229,635
<b>b</b> Contributions . . . . .	10,235,956	16,486,641	4,507,051	7,214,091	9,513,792
<b>c</b> Net investment earnings, gains, and losses	41,225,857	31,082,898	-40,694,088	95,760,400	-2,915,005
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	26,171,777	15,492,962	18,483,189	18,318,869	13,645,871
<b>f</b> Administrative expenses . . . . .	255,961	217,267	247,612	209,722	177,318
<b>g</b> End of year balance . . . . .	362,426,680	337,392,605	305,533,295	360,451,133	276,005,233

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 48.000 %
  - b** Permanent endowment ▶ 20.000 %
  - c** Term endowment ▶ 32.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations . . . . . |     | No |
| <b>(ii)</b> Related organizations . . . . .  |     | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶ 0

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) PRIVATE EQUITY PARTNERSHIP	11,669,092	F
(B) DISTRESSED DEBT SECURITIES	5,375,829	F
(C) HORSLEY BRIDGE PARTNERS - GROWTH BUYOUT	3,896,280	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	20,941,201	

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO UPMC FOR FUNDING EXPENSE	2,884,346
DUE TO UPMC FOR OPERATING EXPENSE	1,239,358
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,123,704

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	74,799,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	29,630,615	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	493,351	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-8,985,101	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		21,138,865
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 53,660,135
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-470,886	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		-470,886
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 53,189,249

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	51,043,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	493,351	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	471,023	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		964,374
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 50,078,626
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	9,804,910	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		9,804,910
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 59,883,536

**Part XIII**

**Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS PROVIDE SUPPORT FOR CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC.
PART X, LINE 2:	THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD AT JUNE 30, 2024 AND 2023.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST 889,794. INVESTMENT MANAGEMENT FEES -255,910. VALUATION (LOSS) GAIN, BENEFICIAL INTEREST IN PERPETUAL TRUSTS 23,230. BAD DEBT NETTED WITH REVENUE ON THE FINANCIALS -17,515. ROUNDING 304. TRANSFER TO AFFILIATES -76,004. TRANSFER OF NET ASSETS TO UNIVERSITY OF PITTSBURGH HOSPITAL - UPMC -9,549,000.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSE -470,886.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ROUNDING 137. SPECIAL EVENTS EXPENSE 470,886.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES 255,910. TRANSFER OF NET ASSETS TO UNIVERSITY OF PITTSBURGH HOSPITAL - UPMC 9,549,000.

## **Additional Data**

[\*\*Return to Form\*\*](#)

**Software ID:**

**Software Version:**

2023

Open to Public Inspection

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHILDREN'S HOSPITAL OF PITTSBURGH  
FOUNDATION

**Employer identification number**  
25-1865744

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CARIBBEAN - GRAND CAYMAN	0	0	PORTFOLIO INVESTMENT		5,375,829
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	0	0			5,375,829
<b>b</b> Total from continuation sheets to Part I . . . . .					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			5,375,829

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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 separately 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; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
SCHEDULE F, PART IV, LINE 1:	THE ORGANIZATION HAS FOREIGN-DOMICILED INVESTMENTS AND WILL FILE WHEN TRANSFERS EXCEED THE THRESHOLD TO FILE FORM 926.
SCHEDULE F, PART IV, LINES 3-5:	THE ORGANIZATION HAS FOREIGN-DOMICILED INVESTMENTS AND WILL FILE IN YEARS WHERE TRANSFERS EXCEED THE THRESHOLD TO FILE FORM 8865. IT DOES NOT OWN MORE THAN 10% OF ANY INVESTMENTS. THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 8621 AS IT DOES NOT HAVE REPORTABLE UBI FROM CONTROLLED FOREIGN CORPORATIONS.

## Additional Data

**Software ID:**

**Software Version:**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

**2023**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**CHILDREN'S HOSPITAL OF PITTSBURGH  
FOUNDATION**

Employer identification number  
25-1865744

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

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

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

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TRUE SENSE MARKETINGMAILING SERVICE 155 COMMERCE DRIVE  FREEDOM, P A 15042	SOLICITATION OF FUNDRAISING CONTRIBUTIONS		No	1,261,813	637,135	624,678
2 PLANNED GIVING MARKETING 620 W GERMANTOWN PIKE STE 440  PLYMOUTH MEETING, P A 19462	SOLICITATION OF FUNDRAISING CONTRIBUTIONS		No	46	35,687	-35,641
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				1,261,859	672,822	589,037

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

A K, AR, C O, C T, D C, F L, G A, I L, K S, K Y, M E, M D, M A, M I, M N, M S, M O, N V, N H, N J, N M, N Y, N C, N D, O H, O K, O R, P A, R I, S C, T N, U T, V A, W A, W V, W I

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

		(a)Event #1 <b>WALK FOR CHILDREN'S 2024</b> (event type)	(b) Event #2 <b>17TH ANNUAL CHP GOLF CLASSIC</b> (event type)	(c)Other events <b>10</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	899,315	528,500	510,167	1,937,982
	<b>2</b> Less: Contributions . . . . .	364,648	117,056	364,559	846,263
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	534,667	411,444	145,608	1,091,719
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	39,640	10,000	81,628	131,268
	<b>7</b> Food and beverages . . . . .	800		67,860	68,660
	<b>8</b> Entertainment . . . . .	4,188		134,755	138,943
	<b>9</b> Other direct expenses . . . . .	115,516		16,499	132,015
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				470,886
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				620,833	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

-----

-----

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

**b** If "Yes," explain: \_\_\_\_\_

-----

-----

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

Instructions.

Return Reference

Explanation

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
CHILDREN'S HOSPITAL OF PITTSBURGH  
FOUNDATION

**Employer identification number**  
25-1865744

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC 3705 FIFTH AVENUE PITTSBURGH, PA 15213	25-0402510	501(C)(3)	49,771,882	381,879	BOOK AND ESTIMATED NOMINAL COST	STOCK	HOSPITAL PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **1**
- 3** Enter total number of other organizations listed in the line 1 table . . . . . **0**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE HOSPITAL HAS MANAGERS/DIRECTORS WHO HAVE SIGNING AUTHORITY TO SPEND FOR THE SPECIFIC PURPOSE THAT THE FUNDS ARE INTENDED. THE HOSPITAL DOES SOX TESTING ON A QUARTERLY BASIS TO INSURE THAT THE SPENDING WAS APPROVED AND MEETS THE INTENDED PURPOSE OF THE FUNDS. ONCE THE EXPENDITURES ARE RECORDED ON THE HOSPITAL BOOKS, THE HOSPITAL REQUESTS REIMBURSEMENT FROM THE FOUNDATION. THE FOUNDATION MONITORS THE BALANCES OF THE FUNDS ON A MONTHLY BASIS SO THERE ARE NO DEFICITS IN ANY OF THE SPECIFIC PURPOSE FUNDS.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHILDREN'S HOSPITAL OF PITTSBURGH  
FOUNDATION

Employer identification number  
25-1865744

**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 on 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 type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes," on line 5a or 5b, describe in Part III.

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

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes," on line 6a or 6b, describe in Part III.

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> RACHEL A PETRUCELLI PRESIDENT	(i)	337,991	70,005	8,360	34,808	6,409	457,573	5,600
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>2</b> GREGORY M KEEGAN CFO/TREAS., NON-VOTING	(i)	180,198	28,143	1,766	21,680	7,250	239,037	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>3</b> KAREN DEPPERMAN VP, DEVELOPMENT	(i)	143,524	23,105	280	13,940	12,029	192,878	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>4</b> LARYSA GRADECK VP, STRATEGIC ENGAGEMENT	(i)	147,967	22,765	457	13,106	3,796	188,091	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>5</b> CAROL ASHBY SR. DIR. MAJOR GIFT	(i)	131,138	19,688	6,805	16,832	5,738	180,201	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>6</b> ROBIN WEBER VP OF COMMUNITY RELATIONS	(i)	141,670	22,160	709	9,411	6,043	179,993	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>7</b> ALANA KULESA SEN.DIR, CORP. & FOUND. REL.	(i)	130,893	12,000	270	11,050	4,941	159,154	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAYS DUES TO THE DUQUESNE CLUB FOR PRESIDENT RACHEL PETRUCELLI. THIS BENEFIT IS NOT INCLUDED IN HER COMPENSATION.
PART I, LINE 4B	RACHEL PETRUCELLI, PRESIDENT, PARTICIPATES IN A 457 DEFERRED COMPENSATION PLAN. AT THE END OF THE YEAR, THE TOTAL AMOUNT OF EMPLOYER CONTRIBUTIONS TO THE PLAN WAS \$6,300. THIS COMPENSATION IS REFLECTED AS A PART OF THE DEFERRED COMPENSATION REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II, COLUMN (C).
PART I, LINE 7	CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION PROVIDES INCENTIVE COMPENSATION AS PART OF ITS TOTAL COMPENSATION PROGRAM FOR OFFICERS AND EMPLOYEES. THIS COMPONENT IS BASED UPON THE ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES WHICH FOCUS ON THE ACHIEVEMENT OF MULTIPLE ANNUAL AND THREE YEAR INDIVIDUAL AND GROUP PERFORMANCE CRITERIA. THESE CRITERIA DIRECTLY SUPPORT CHPF'S MISSION AND INCLUDE: COMMUNITY BENEFITS, OPERATION AND FINANCIAL STRENGTH, LEADERSHIP DEVELOPMENT, AND STRATEGIC BUSINESS INITIATIVES, AMONG OTHER THINGS.

## **Additional Data**

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHILDREN'S HOSPITAL OF PITTSBURGH  
FOUNDATION

**Employer identification number**

25-1865744

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		9,726	COST
5 Clothing and household goods . . . . .	X		300	COMPARABLE SALES
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	20	43,852	NYSE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	1	1,375	COST
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>TICKETS</u> ) . . . . .	X	7	114,424	COST
26 Other ( <u>VARIOUS SUPPLIES</u> ) . . . . .	X	13	27,928	COST
27 Other ( <u>GIFT CARDS</u> ) . . . . .	X	10	26,730	COST
28 Other ▶ ( <u>TOYS</u> ) . . . . .	X	8	10,266	COST

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	Yes	
----	-----	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
-----	--	----

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBERS LISTED IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTORS.

## **Additional Data**

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**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2023****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.Name of the organization  
CHILDREN'S HOSPITAL OF PITTSBURGH  
FOUNDATION**Employer identification number**

25-1865744

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	UPMC CHILDREN'S HOSPITAL IS A LEADER IN LIVER TRANSPLANTATION AND CARDIOTHORACIC SERVICES. TO INCREASE ACCESS TO CARE OF PATIENTS THROUGHOUT THE STATE OF FLORIDA, VIRGINIA AND NORTH CAROLINA, CHILDREN'S HOSPITAL HAS CREATED PARTNERSHIPS WITH ST. JOSEPH'S CHILDREN'S HOSPITAL, THE UNIVERSITY OF VIRGINIA'S CHILDREN'S HOSPITAL (UVA), ADVENT HEALTH FLORIDA HOSPITAL FOR CHILDREN'S AND ATRIUM HEATH. UPMC CHILDREN'S HOSPITAL PROVIDES PEDIATRIC CARDIOTHORACIC SERVICES TO ST. JOSEPH'S CHILDREN'S HOSPITAL. THIS INCLUDES BOTH SURGICAL AND NON-INVASIVE CARDIOLOGY SERVICES, ALONG WITH CICU AND PICU TELEMEDICINE AND ONSITE SERVICES. UPMC CHILDREN'S EXPERTS PROVIDE SUPPORT TO PATIENTS, FAMILIES AND CAREGIVERS THROUGHOUT THE CARDIOTHORACIC AND INTENSIVE CARE SERVICES. UPMC CHILDREN'S HOSPITAL PROVIDES LIVER TRANSPLANTATION SERVICES TO UVA, ADVENT HEALTH FLORIDA HOSPITAL FOR CHILDREN'S AND ATRIUM HEALTH. ALTHOUGH UPMC CHILDREN'S PROVIDES MANAGEMENT OF PATIENTS, TRANSPLANT SURGEONS, MEDICAL SPECIALISTS AND NURSES FROM UVA, ADVENT HEALTH FLORIDA CHILDREN'S, ATRIUM HEALTH AND UPMC CHILDREN'S WILL PERFORM LIVER TRANSPLANTS TOGETHER. THIS PARTNERSHIP WILL EXPAND THE HOSPITALS TRANSPLANT CENTER PEDIATRIC LIVER PROGRAMS.
FORM 990, PART V, LINE 1C	THE ORGANIZATION IS CLOSELY ALIGNED WITH UPMC, THE PARENT COMPANY OF THE CHILDREN'S HOSPITAL OF PITTSBURGH. WHILE THE FOUNDATION IS INDEPENDENT, UPMC FILES THE FOUNDATION'S FORMS 1099 ON THE FOUNDATION'S BEHALF. THE FOUNDATION DOES NOT FILE 1099S ON ITS OWN.
FORM 990, PART VI, SECTION B, LINE 11B	OUR EXTERNAL AUDITOR FROM BAKER TILLY PRESENTS THE COMPLETED FORM 990 TO THE FINANCE AND INVESTMENT COMMITTEE OF THE BOARD FOR THEIR REVIEW AND DISCUSSION. ONCE APPROVED BY THIS COMMITTEE, THE 990 IS MADE AVAILABLE TO THE OTHER BOARD MEMBERS VIA THE FOUNDATION'S WEBSITE PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR. ALL FORMS ARE SUBMITTED TO THE EXECUTIVE ASSISTANT OF THE PRESIDENT. IF NECESSARY, FURTHER REVIEW IS PERFORMED BY LEGAL COUNSEL WHO WILL FOLLOW UP WITH BOARD MEMBERS AS NECESSARY TO RESOLVE POTENTIAL CONFLICTS. FOR ALL CONFLICTS IDENTIFIED, THE INTERESTED PERSONS ABSTAIN FROM DISCUSSION OF AND VOTE ON THE RELATED MATTER. ALL UPMC EMPLOYEES SIGN A CONFLICT OF INTEREST FORM. THE FORM IS SIGNED ELECTRONICALLY BY EACH EMPLOYEE IN THEIR MYHUB SCREENS. ALL INDIVIDUAL INTERESTS DISCLOSED PURSUANT TO THIS POLICY WILL BE INPUT INTO OR MAPPED TO THE ELECTRONIC WATCHLIST BY THE UPMC ETHICS AND COMPLIANCE DEPARTMENT. THE WATCHLIST WILL BE THE PRIMARY TOOL USED TO TRACK AND CROSS-CHECK ALL TYPES OF INTERESTS FOR PURPOSES OF IDENTIFYING, ASSESSING AND MANAGING POTENTIAL CONFLICTS OF INTEREST. FAMILY AND BUSINESS RELATIONSHIPS ARE EXPRESSLY MENTIONED IN THE POLICY AS POTENTIAL SOURCES OF CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS REVIEWED BY INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE EVALUATES INDIVIDUAL PERFORMANCE AND COMPARABLE INDUSTRY BENCHMARKS THROUGH WOODMARK TO ENSURE COMPENSATION IS WITHIN FMV RANGE FOR THE POSITION. ALL DECISIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED IN THE PERSONNEL FILES. SALARY EVALUATIONS ARE DONE ANNUALLY BY CORPORATE HUMAN RESOURCE DEPARTMENT.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VII:	AS DESCRIBED IN PART III, LINE 4A, WHEN CHILDREN'S HOSPITAL MERGED WITH UPMC, THE FOUNDATION BECAME AN INDEPENDENT ORGANIZATION. HOWEVER, THE FOUNDATION'S CORE MISSION IS TO SUPPORT THE HOSPITAL, SO THERE IS A STRONG RELATIONSHIP BETWEEN THE HOSPITAL AND THE FOUNDATION. THE FOUNDATION STAFF ARE PAID BY THE HOSPITAL AND THE HOSPITAL IS SUBSEQUENTLY REIMBURSED.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST 889,794. VALUATION (LOSS) GAIN, BENEFICIAL INTEREST IN PERPETUAL TRUSTS 23,230. BAD DEBT FROM UNCOLLECTIBLE PLEDGES -17,515. TRANSFER TO AFFILIATES -76,004.

## **Additional Data**

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