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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

B Che	eck ıf a	pplicable	Please	C Name of organization	D Employer identification number			
┌ Add			use IRS	ARKANSAS CHILDREN'S HOS	71-0568795			
┌ Nar	ne cha	inge	label or print or	Doing Business As			E Telephone nu	ımber
Init		_	type. See Specific) <u> </u>	(501) 364-2	2555
Ter			Instruc- tions.	1 CHILDRENS WAY	oox if mail is not delivered to street addi	ress) Room/suite	G Gross receipt	t s \$ 31,426,906
┌ Am			tions.	City or town state or country	4 and 7TD + 4			
_				City or town, state or countr LITTLE ROCK, AR 72202	y, and ZIP + 4			
J App	olication	n pending						
			F Nan JOHN E	ne and address of Principa R⊏i	I Officer		s a group return	
				DRENS WAY		affilia	tes?	ΓYes ▼ No
				ROCK, AR 72202		H(b) Are all	l affiliates include	ed?
I Ta	x-exen	npt status	✓ 501(c))(3) ◄ (insert no)	(a)(1) or 527	_		See instructions)
J W	eb sit	e: 🕨 WW	/W ARCHIL	DRENS ORG		H(c) Grou	p Exemption Nu	mber 🟲
			_			1.		
К Тур	e of or	ganızatıon	✓ Corporat	tion T trust T association T c	ther 🟲	L Year of Fo	rmation 1982 M	State of legal domicile AR
Pa	rt I	Sumi	mary					
	1	Briefly	describe th	e organization's mission o	r most significant activities			
ω				S AND RAISING FUNDS I	N SUPPORT OF ARKANSAS CH	ILDREN'S HO	SPITAL AND RE	ESEARCH
<u>နို</u>		INSTIT	UTE					
፸								
<u>ē</u>								
Governance	2	Checkt	his box	if the organization discont	inued its operations or disposed	of more than 2		
	3	Number	of voting r	members of the governing	body (Part VI, line 1a)		3 _	37
8	4	Number	ofindepen	ndent voting members of th	ne governing body (Part VI, line 1	.b)	. 4 _	34
Ē	5	Total nu	umber of en	mployees (Part V , line 2a)			5 _	45
Activities &	6	Total nu	umber of vo	olunteers (estimate if nece	6 _	576		
4	7a	Total gr	oss unrela	ted business revenue from	n Part VIII, line 12, column (C)		7a _	0
	b	Net unr	elated busi	iness taxable income from		7b	0	
				or Year	Current Year			
	8	Contri	butions and	d grants (Part VIII, line 11		19,268,706	14,369,765	
를	9	Progra	ım service	revenue (Part VIII, line 2	g)			0
Revent	10	Invest	ment incor	me (Part VIII, column (A),		5,873,542	-1,332,199	
ď	11	Other	revenue (P	art VIII, column (A), lines	5,6d,8c,9c,10c,and11e)			169,528
	12		evenue—a	dd lines 8 through 11 (mu	st equal Part VIII, column (A), lı	ne	25 142 249	12 207 004
	42	12)			valumen (A.) lange d. 2)		25,142,248	13,207,094
	13			ar amounts paid (Part IX, o	• • •		78,540	7,408,046
	14			or for members (Part IX, co		_		0
88	15	Salarie 10)	es, other co	ompensation, employee be	nefits (Part IX, column (A), lines	5-	2,402,212	2,804,990
Expenses	16a	•	sional fund	Iraising fees (Part IX, colu	mn (A). line 11e)			279,985
÷	ь			penses, Part IX, column (D), line				,
Ω	17			(Part IX, column (A), lines			5,079,668	1,397,512
	18		•		ual Part IX, line 25, column (A))		7,560,420	11,890,533
	19			penses Subtract line 18 fr			17,581,828	1,316,561
≥ 67	+	VEAGI	ac 1633 EX	pended Dubtiact lille 10 II	om mic 12	Posin-	ng of Year	End of Year
ស៊ិឌី				ort V. Long at 4.5 N				
988 888	20			rt X, line 16)			171,977,466	159,460,779
Net Assets or Fund Balances	21	Totall	ıabılıtıes (F	Part X, line 26)			1,590,967	1,626,868
	22			nd balances Subtract line	21 from line 20		170,386,499	157,833,911
Pai	rt II	Sign	ature Blo	ock				
					nined this return, including accompanyir on of preparer (other than officer) is bas			
Plea	60	L L	er, it is tide, i	correct, and complete Deciarati	on or preparer (other than officer) is bas	ı		er has any knowledge
Sign		Signa	ature of office	er		2010- Date	-05-10	
Here		[]						
			N BEL PRESID e or print nam					
		F			Date	Check If	Preparer's PTIN (See Gen Inst \
D-:-I		Preparer signature			Date	self-	Treparer S FITIN (occ ocii msc)
Paid	arar ⁱ -		<u> </u>	1 05:05		empolyed 🕨		
Use (arer's ໂກໄທ		ame (or yours nployed),	s DELOITTE TAX LLP			EIN Þ	
ose (אוויכ		and ZIP + 4	1111 BAGBY STREET SUITE	4500			
				HOUSTON, TX 770022591			Phone no 🕨 (7	13) 982-2000
May	he IR	S discus	s this retu	rn with the preparer showr	above? (See instructions) .			▼Yes 「No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's	s mission			
	The mission of the Arkansas Chil Hospital Research Institute	dren's Hospital Foundation is to m	ake friends and raise funds in supp	ort of Arkansas Children's Hospital and	Arkansas Children's
2	Did the organization unde	rtake any significant progra	m services during the year w	hich were not listed on	
_	the prior Form 990 or 990				es 🔽 No
	If "Yes," describe these n	ew services on Schedule O			
3	services?		icant changes in how it condi		es 🔽 No
	If "Yes," describe these c	hanges on Schedule O			
4	Section 501(c)(3) and (4)) organizations and 4947 (a)	of the organization's three la (1) trusts are required to rep ch program service reported	rgest program services by expe ort the amount of grants and all	nses ocations to
4a	(Code) (Expenses \$ 7,408,	046 including grants of \$	7,408,046) (Revenue \$	-1,162,671)
	THE ARKANSAS CHILDREN'S H		HE FOUNDATION'S MANDATE HAS E	REN'S HOSPITAL AND ITS RELATED INST BEEN TO SUPPORT THE NEEDS OF ARKA	
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
_	/C-1-	N /5) (Davassa +	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	· -	(Describe in Schedule O)	etc of ¢	\/Payanua #	,
4 -	(Expenses \$	including gran	<u> </u>) (Revenue \$,
4e	Total program service ex	kpenses \$ 7,408	3,046 Must equal Part IX, Li	ne ∠5, coiumn (B).	

art IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 28			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.	V	
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		l No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		טכ		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	were not tax deductible?	OB		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a	Yes	
	more?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		No
	year?		1	1
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	against amounts due of received nomenell /			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year Lizz			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	<u>Body and</u>	Management	

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	37					
b	Enter the number of voting members that are independent	number of voting members that are independent 1b 34						
2		y officer, director, trustee, or key employee have a family relationship or a business relationship with any fficer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken during the					
а	the governing body?			8a	Yes			
ь	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a	Yes			
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o	• •	9b	Yes				
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Gena Wingfield 1 Childrens Way

Little Rock, AR 72202 (501) 364-2555

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

			(tion that a			ıll			(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Prector	Institutional Trustee	Оппо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					-					
				\vdash	\sqcup		1			
				\vdash	-+		\vdash			
					-		1			
1b Total			<u>. </u>	<u>—</u>			 	602,901	. 586,381	336,835

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►3

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	, 00	No

Section B. Independent Contractors

L Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	FUNDRAISING SERVICES	532,784
LUTHER KING CAPITAL MANAGEMENT 301 COMMERCE ST 1600 FORT WORTH, TX 76102	INVESTMENT MANAGEMENT FEES	157,141
FOUNDATION RESOURCE MANAGEMENT INC 401 W CAPITOL AVE 503 LITTLE ROCK, AR 72201	INVESTMENT MANAGEMENT FEES	126,598
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	· ·	3

Part Statement of Revenue VIII

					(A)	(B) Related or	(C)	(D)
					Total Revenue	Exempt	Unrelated Business	Revenue Excluded from
						Function Revenue	Revenue	Tax under IRC 512, 513, or
14 -				47.062				514
nts Ents	1a	Federated camp		47,962				
g E	b		es . 1b	4,830,198				
Other Revenue Program Service Revenue and other similar amounts	С	-	ents 1c	2,422,725				
	d	Government grants	ations 1d					
Sic.	e f	-	ns, gifts, grants, and 1f	7,068,880				
章章	"	sımılar amounts no	t included above					
語品	g	Noncash contrib lines 1a-1f \$ _	butions included in 98,057					
Ser	h		s 1a-1f)		14,369,765			
				Business Code				
E E	2a							
94. 84.	ь							
Н	c							
is E	d							
ين ت	e							
>grar	f	All other progra	m service revenue					
Ě	g	Total. Add lines	2a-2f	▶\$				
	3		ome (including dividen					
			nounts)		4,594,659	4,594,659		
	4		tment of tax-exempt bond	proceeds	224.100	224.100		
	5	Royalties	(·) Papl	(u) Dansanal	224,180	224,180		
	6a	Gross Rents	(ı) Real 193,560	(II) Personal				
	ь	Less rental	22,973					
	c	expenses Rental income	170,587					
	d	or (loss)	me or (loss)	b -	170,587	170,587		
	<u> </u>	Net rental incol	(ı) Securities	(II) O ther				
	7a	Gross amount	11,815,761	126,037				
		from sales of assets other						
	b	than inventory Less cost or	17,598,911	269,745				
		other basis and sales expenses	-5,783,150	112 700				
	c d	Gain or (loss)	-5,765,150 s)	-143,708 	-5,926,858	-5,926,858		
	8a	Gross income fr			3,22,333	-,,		
		events (not incl	udıng					
<u>o</u>		\$ 102,	reported on line 1c)					
듄		See Part IV, lın	e 18					
ě.			G if total exceeds	4,830,198				
<u>.</u>	ь	•	penses b	328,183				
Ě	С	Net income or (loss) from fundraising		-225,239	-225,239		
•	9a		om gaming activities					
		See part IV , line Complete Schedu	e 19 Ile G If total exceeds					
		\$15,000						
	ь	Lace direct ove	a					
	c		penses b loss) from gaming activ	l vities ►				
		Gross sales of 1	nventory, less	-				
		returns and allo	wances . a					
	ь	Less cost of go						
	c		loss) from sales of inve	entory 📂				
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenu	ue					
	е		11a-11d					
	12	Total Revenue.	Add lines 1h, 2g, 3, 4, .e	5,6d,7d,8c, ▶	13,207,094	-1,162,671	0	0

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,408,046	7,408,046		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	622,419			622,419
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,697,393			1,697,393
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	334,073			334,073
10	Payroll taxes	151,105			151,105
11	Fees for services (non-employees)				
а	Management				
b	Legal	7,674			7,674
c	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17	279,985			279,985
f	Investment management fees	377,383		377,383	
g	Other	135,911			135,911
12	Advertising and promotion				
13	Office expenses	283,434			283,434
14	Information technology	51,040			51,040
15	Royalties				
16	Occupancy				
17	Travel	76,314			76,314
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	5,274			5,274
20	Interest	100,170			100,170
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,135			28,135
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MINOR EQUIPMENT	92,539			92,539
b	DONOR RELATIONS & RECOG	50,285			50,285
c	DUES AND SUBSCRIPTIONS	50,059			50,059
f	All other expenses	139,294			139,294
25	Total functional expenses. Add lines 1 through 24f	11,890,533	7,408,046	377,383	4,105,104
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2008)

Part X	Balance	Sheet

						(A)		(B)
	1	Cash—non-interest-bearing				Beginning of year	1	End of year
	2	Savings and temporary cash investments	•	• •		3,810,786		2,888,393
	3	Pledges and grants receivable, net		•		3,514,865		5,788,503
	4	Accounts receivable, net		· •		5,6.1.,666	4	0,, 00,000
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		emplo	oyees or		5	
	6	Receivables from other disqualified persons (as defined under se	ection				6	
	7	persons described in section 4958(c)(3)(B) Complete Part II of . Notes and loans receivable, net	scпеаt •				7	1,177
	8	Inventories for sale or use					8	
93	9	Prepaid expenses and deferred charges				23,905	9	23,410
ĕ	10a							
Assets		Land, buildings, and equipment cost basis	10a		3,119,149			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		335,996	2,791,676	10c	2,783,153
	11	Investments—publicly traded securities			•	150,709,220	11	139, 196, 123
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	art VII	of			12	44,776
	13	Investments—program-related See Part IV, line 11 Complete Poof Schedule D.	art VII	I			13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				11,127,014	15	8,735,244
	16	Total assets. Add lines 1 through 15 (must equal line 34)				171,977,466	_	159,460,779
	17	Accounts payable and accrued expenses .				1,296,231	17	1,626,868
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
S	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	-	-				
<u> </u>		persons Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable	_	_			24	
	25	Other liabilities Complete Part X of Schedule D				294,736	_	
	26	Total liabilities. Add lines 17 through 25				1,590,967	26	1,626,868
_		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 2	7			
ф		through 29, and lines 33 and 34.			-			
Balance	27	Unrestricted net assets				115,384,889	27	100,696,415
<u>8</u>	28	Temporarily restricted net assets				36,180,442	28	34,756,596
	29	Permanently restricted net assets				18,821,168	29	22,380,900
r Fund		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.	d com	plet e				
٥	30	Capital stock or trust principal, or current funds	_				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		_	_		31	
بر د د	32	Retained earnings, endowment, accumulated income, or other fu		•	•		32	
	33	Total net assets or fund balances				170,386,499		157,833,911
Net	34	Total liabilities and net assets/fund balances				171,977,466		159,460,779
		Financial Statements and Penerting						

Dart YT	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493130018500

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

2008

Open to Public Inspection

ARKAI		HILDREN'S HOS	PITAL FOUNDATIO	N INC					proyer rue		
								71	-056879!	5	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zation is not	a private found	lation because it is (Please	check onl	ly one org	anızatıon))			
1		A church, c	onvention of cl	nurches, or association of ch	nurches de	scribed in	Section 1	170(b)(1)	(A)(i).		
2	Γ	A school d	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Γ	A hospital	or a cooperatıv	e hospital service organizati	ıon descrıl	bed in Sec	tion 170(l	b)(1)(A)(i	i ii). (Attac	h Schedul	e H)
4	Γ	A medical	research organ	ızatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Sect ion	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	\sqcap	An organiz	ation operated	for the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desci	rıbed ın
		Section 17	0(b)(1)(A)(iv).	. (Complete Part II)							
6	\sqcap	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ection 170	(b)(1)(A)	(v).		
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Sect ion 170(b)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ıty trust descril	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ns, membe	rship fees	, and gross
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inv	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	k) from bus	sinesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (Se	ee instruct	tions)
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe				•		Section 5	09(a)(3). Check
		a T		type of supporting organiza Type II c			ınes 11e t nally Integ		h d	Γ τ _{νρο}	III - Other
	_		• •	rtify that the organization is							
e	'	•		agers and other than one or							•
		section 50				,	3				(,(-,
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,
		check this		as the evaporation assents	d any aift	ar aantrib	ution from	anu af tha			ı
g		following pe		as the organization accepted	u any gni	or contrib	ution irom	any or the	:		
				or indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the govern	ing body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)
		(iii) a 35%	controlled ent	ity of a person described in ((ı) or (ıı) al	bove?				11g(iii)
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports				
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1 - 9	_	ation in	_	nızatıon		ation in .	support?
	Orgar	nization		above or IRC section (See Instructions))		listed in verning		i) of your oort?		rganized US?	
				(See Instructions))		ment?	Supp	,011.	"" ""	03.	
					Yes	No	Yes	No	Yes	No	
							1	<u> </u>	1		

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 OF Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,362,372	9,778,478	13,080,550	19,268,706	1	4,369,765	65,859,871
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	9,362,372	9,778,478	13,080,550	19,268,706	1	4,369,765	65,859,871
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							1,661,592
6	(f) Public Support subtract line 5 from line 4							64,198,279
T	otal Support		•		•			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	9,362,372	2,669,737	13,080,550	19,268,706	1	4,369,765	65,859,871
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	2,321,943	2,669,737	4,090,148	4,667,452		4,989,426	18,738,706
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	501	200					701
11	Total Support (Add lines 7 through 10)							84,599,278
12	Gross receipts from related activities, etc	(See instruction	ıs)		•	12	<u> </u>	
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, thır	d, fourth, or fifth	tax year as a 5			▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	olumn (f))		14		75.890 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		81.360 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on				▶ ▼
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts or t	If the organization	on did not check	a box on line 1				
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	ances" test The If the organization	e organization q on did not check	ualıfıes as a pub : a box on lıne 1	licly supported 3, 16a, 16b, or	organız 17a an	zation id line 15 i	▶
18	the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organization	on qualifies as a	publicly suppor	ted org	janızatıon	[™] ►

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC 71-0568795 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Treası</u>	ires, or Oth	<u>er Simila</u>	ir Asse	ts (co	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	lowing that ar	e a sıgnıfıcant	use of its o	ollection	ו	
а	Public exhibition		d	Γ	Loan or exc	hange program	S			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
	Provide a description of the organization's co	ollections and explai	ın hov	w the	v further the (organization's e	exemnt nur	nose in		
	Part XIV	onections and explain	111 110	W CITC	y further the v	organization 5 (.xempt par	pose III		
	During the year, did the organization solicities						mılar	Г	Yes	√ No
Pari	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the orga		wered "Ye			,
	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other assets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following tabl	е				_			
								A mou	ınt	
c	Beginning balance					1c				
d	Additions during the year					1d	1			
е	Distributions during the year					1e	1			
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,								
Par	t V Endowment Funds. Complete									
		(a)Current Year	(b)Prior	Year (c)T	wo Years Back (c	1) Three Years	Back (e)Four Y	ears Back
	Beginning of year balance	155,593,081								
	Contributions	7,376,026								
c	Investment earnings or losses	-14,689,919								
d	Grants or scholarships									
	Other expenditures for facilities and programs	2,314,437								
f	Administrative expenses									
g	End of year balance	145,964,751								
2	Provide the estimated percentage of the yea	r end balance held a	ıs							
а	Board designated or quasi-endowment 🕨	86 000 %								
ь	Permanent endowment - 14 000 %									
c	Term endowment ► 0 %									
	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held and a	admınıstered fo	r the			
	organization by	-							Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						3b		
4 Pari	Describe in Part XIV the intended uses of th					art V. lina 10				
Pall	VI Investments—Land, Building	s, and Equipmen	III. 3			1				
	Description of investment) Cost or other sis (investment)	(b)Cost or othe basis (other)	(c) Depre	eciation	(d) Bo	ok value
1 a L			•				¬	L		
b B	Buildings		•			303,680)	129,681		173,999
c L	easehold improvements					1				
d E	quipment					203,424	l l	169,274		34,150
	Other				2,400,000	212,045	5 ►	37,041		2,575,004

Part VIII Investments—Other Securities.	see Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation ·year market value
Financial derivatives and other financial products		2001 01 0114 01	your market value
Closely-held equity interests			
Other	+		
O tilei			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) F		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	13.	
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of-	year market value
Tatal (Column (b) chould agual Form 000, Part V col (D) Inc. 12	, .		
Part IX Other Assets. See Form 990, Part X, col (B) line 13			
	scription		(b) Book value
TRUSTS RECEIVABLE	Seription		5,410,357
MINERAL INTERESTS			1,172,000
INTEREST RECEIVABLE			887,743
OTHER RECEIVABLES			860,406
ACH Auxiliary Net Assets			404,738
Total. (Column (b) should equal Form 990, Part X, col.(B)	line 15.)		8,735,244
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨		

Pal	Reconclination of Change in Net Assets from Form 990 to Financial Statemen	115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,207,094
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,890,533
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,316,561
4	Net unrealized gains (losses) on investments	4	-13,859,224
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-9,925
9	Total adjustments (net) Add lines 4 - 8	9	-13,869,149
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-12,552,588
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	1	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	٠, ا	
e	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	-	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIV)	۸_	
с 5	Add lines 4a and 4b	4c 5	
	TOTAL Expenses Add lines 3 and 4c. (This should equal Form 990, Part 1, line 16)		<u> </u>

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V. line 4. Part X. Part XI, line 8. Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanat ion
Part III, Line 1a		The artwork contributed to ACHF appraised for \$238,200 and included approximately 1,000 works on paper by 77 artists
Part III, Line 4		The artwork contributed to ACHF appraised for \$238,200 and included approximately 1,000 works on paper by 77 artists. The artwork may be displayed in various locations throughout the hospital
Part V , Line 4	Description of Intended Use of Endowment Funds	Earnings from endowment funds will be used to support Hospital programs and research
Part XI, Line 8 - Other Adjustme	ents	Transfer of Net Assets to Annuity Reserve -9925
		THE FOUNDATION ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION FIN NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 FIN 48 PRESCRIBES AN UNCERTAINTY THRESHOLD AND MEASUREMENT ATTRIBUTES FOR CONSOLIDATED STATEMENT DISCLOSURE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THE FOUNDATION DID NOT RECOGNIZE ANY ADJUSTMENTS RELATED TO UNCERTAIN TAX POSITIONS IN 2009 OR 2008

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As Filed Data -

DLN: 93493130018500

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

🟲 Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

71-0568795

Part I	Fundraising Activities	 Complete if the organi 	zation answered "Yes" t	o Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e 🗸 Solicitation of non-government grants
- Solicitation of government grants
- 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 activities?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) A ctivity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
CHILDREN'S	Payments for fundraising expenses for various grassroots fun		No	3,040,522	532,784	2,507,738
Total ▶						

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

AR,LA,MS,OK,TX

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2 RADIOTHON	(c) O ther Events 1,966	(d) Tot (Add col col		
			(event type)	(event type)	(total number)			
₹	1	Gross receipts	617,433	245,160	4,070,549		4,93	3,142
Revenue	2	Less Charitable contributions	514,489	245,160	4,070,549		4,830	0,198
	3	Gross revenue (line 1 minus line 2)	102,944				102	2,944
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
per	6	Rent/Facility costs				<u> </u>		
ற ர	7	Other direct expenses	15,800	8,300	304,083			8,183
Direct	8	Direct expense summary Add line	-					8,183
	9	Net income summary Combine lir						5,239
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e than	ו
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
s ee	2	Cash prizes						
Expenses	3	Non-cash prizes						
Ф g	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes%_ ┌ No	┌ Yes% ┌ No			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
•							Yes	No
9 a		er the state(s) in which the organiza The organization licensed to operate				. 9a		
b	If"	No," Explain						
						_		
10a	Wer	re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a		
b	If"	Yes," Explain						
						二		
11		es the organization operate gaming a				11	 	
12		he organization a grantor, beneficial ned to administer charitable gaming				. 43		
						12		L

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	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		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
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 📂 💲		

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493130018500

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspection

Name of the organization						Employer identii	ication number
ARKANSAS CHILDREN'S HOS	SPITAL FOUNDAT	IONINC				71-0568795	
Part I General Infor	mation on Grai	nts and Assistance	2			•	
Form 990, Part Part IV and Sch	ed to award the gran organization's proce her Assistance IV, line 21 for ar iedule I-1 if addi	nts or assistance? edures for monitoring the e to Governments ny recipient that rece tional space is	and Organizations enved more than \$5,00	in the United States in the United Stat 00. Check this box i		rganızatıon answere eıved more than \$5,	d "Yes" on
	I	1	T	<u> </u>	1		T
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arkansas Children's Hospital1 Childrens Way LITTLE ROCK, AR 72202	71-0236857	501(c)(3)	6,456,730				GENERAL SUPPORT
Arkansas Children's Hospital Research Institute 13 Childrens Way LITTLE ROCK,AR 72202	71-0694931	501(c)(3)	951,316				research
2 Enter total number of sec		_					2
organizations					•		
3 Enter total number of oth	ier organizations .						-

Part III	Grants and Other Assista	nce to Individuals in the United States	. Complete if the organization	answered "Yes'	" on Form 990,	Part IV, lır	ne 22.
	Use Schedule I-1 (Form 990) if additional space is needed.					

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Other Information		ARKANSAS CHILDREN'S HOSPITAL FOUNDATION DOES NOT ROUTINELY MAKE MONETARY GRANTS TO OTHER ORGANIZATIONS OR INDIVIDUALS, AND THEREFORE REFERENCE TO THESE MONITORING PROCEDURES IS NOT APPLICABLE ASSISTANCE IS PROVIDED PRIMARILY TO RELATED TAX-EXEMPT ORGANIZATIONS IN FURTHERANCE OF THEIR EXEMPT PURPOSE

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Schedule J

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493130018500

Employer identification number

OMB No 1545-0047

OMB No 1545-004

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

ARK	ANSAS CHILDREN'S HOSPITAL FOUNDATION INC							
				71-0568795				
Pa	rt I Questions Regarding Compensation							
						Yes	No	
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to							
	First class or charter travel		Housing allowance or residence for					
	Travel for companions	Г	Payments for business use of person	onal residence				
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiat	ion fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)				
b	b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di		<u> </u>		2	Yes		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee		ly	е				
	✓ Independent compensation consultant	Į.	, ,					
	Form 990 of other organizations	<u> </u>	· · · ·	ation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a							
а	Receive a severance payment or change of control pay	men	t?		4a		Νo	
b	Participate in, or receive payment from, a supplementa	l nor	nqualified retirement plan?		4b	Yes		
С	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?		4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provi	ide tl	he applicable amounts for each item	ın Part III				
	501(c)(3) and 501(c)(4) organizations only must comp	lete	lines 5-8.					
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1a	, did the organization pay or accrue a	ıny				
а	The organization?				5a		Νo	
b	Any related organization?				5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue a	ıny				
а	The organization?				6a		Νo	
b	Any related organization?				6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," des		· · · · · · · · · · · · · · · · · · ·	n-fixed	7	Yes		
8	Were any amounts reported in Form 990, Part VII, paid		·					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(i) Base (ii) Bonus & (iii) Other compensation compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
JOHN BEL ((241,984	16,000	1,545	75,705	6,508	341,742		
JONATHAN BATES MD ((438,317	75,000	73,064	203,796	7,695	797,872		
FRED SCARBOROUGH (130,01!	10,000	99	10,789	8,239	159,142		
(1								
(i								
(1								
(1)								
(1								
(i								
(1)								
(i								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		CHARTER TRAVEL IS USED BY ACH AND FOUNDATION STAFF FOR FUNDRAISING WHEN IT IS DEEMED THE MOST EFFICIENT METHOD OF TRAVEL TO DISTANT AREAS WITHIN THE STATE OR TO SURROUNDING STATES
	·	SOME ACHF OFFICERS AND DIRECTORS ARE EMPLOYEES OF ARKANSAS CHILDREN'S HOSPITAL (ACH), A RELATED ORGANIZATION ACH has Supplemental Executive Retirement Plans to provide executives with retirement and death benefits. The Plan is intended to constitute an unfunded plan for a select group of management or highly compensated employees within the meaning of Title I of the Employee Retirement Income Security Act of 1974, as amended DURING THE 2008 TAX YEAR, THE FOLLOWING ACHF REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE JONATHAN BATES, M D JOHN BEL THE FOLLOWING CONTRIBUTION TO THE PLAN BY ACH WAS INCLUDED IN REPORTABLE COMPENSATION JONATHAN BATES, M D \$188,233 JOHN BEL 59,955
	1	
	-	
	+	
	-	
	+	
	+	
	+	
	+	
	+	
	<u> </u>	

DLN: 93493130018500

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC 71-0568795 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal default? by board or agreement? (d)Balance due organization? amount purpose committee? Yes From Yes Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the transacti		(d) Description of transaction	organi	naring of ization's inues?	
Children's Miracle Network	organization SEE SCHEDULE O - COMMON BOARD MEMBER	532,784	Schedule O - Arkansas Children's Hospital Foundation pays dues to Children's Miracle Network for fundraising services, including cardstock campaigns and golf tournaments ACHF Officer and Board Member John Bel was a volunteer Board Member of Children's Miracle Network	Yes	N O	

SCHEDULE M

Internal Revenue Service

(Form 990)

DLN: 93493130018500

OMB No 1545-0047

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Open to Public Inspection **Employer identification number**

	e of the organization NSAS CHILDREN'S HOSPITAL FOUNDATIO	Employer identification number						
					71-0568795			
Pa	rt I Types of Property	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	letermı	nıng	
1	Art—Works of art	X	1	(
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	11	43,849	SELLING PRice			
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							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	SILENT AUCTION							
25	Other (describe ITEMS)	l x	8	61,200	FMV			
26	Other (describe)			,				
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete			ar for contributions for	29			1
	Acknowledgement		•				1	
30a	During the year, did the organization	ation receiv	e by contribution any prope	rty reported in Part I, lines	s 1-28 that it must		Yes	No
	least three years from the date	of the initia	contribution, and which is	not required to be used for	exempt purposes			1
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem							
31	Does the organization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	├
32a	Does the organization hire or us contributions?	•	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes", describe in Part II						7	
33	If the organization did not repor	t revenues i	ın Column (c) for a type of p	roperty for which Column ((a) is	1		1

checked, describe in Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

32b, and 33. Also complete this part for any additional information.					
Identifier	ReturnReference	Explanation			
Third Party Use	Part I, Line 32b	WHEN APPLICABLE, Realtors are used to sell donated propertie and investment companies are used to liquidate donated securities			
Non Reporting of Revenue	Part I, Line 33	The artwork contributed to ACHF appraised for \$238,200 and included approximately 1,000 works on paper by 77 artists			

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC Employer identification number

71-0568795

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Board members John H Bale, Jr and Sharon Bale are married

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The Foundation's sole member is Arkansas Children's Hospital (ACH)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Arkansas Children's Hospital is the sole member of the Arkansas Children's Hospital Foundation. The Member shall have the right to elect all directors of the Foundation, and shall have the right to remove and replace any and all directors of the Foundation with or without cause whenever, in its best judgment, the best interests of the Corporation will be served thereby

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Arkansas Children's Hospital (ACH) is the sole member of the Arkansas Children's Hospital Foundation. The Member must approve any amendments to the Foundation's Articles of Incorporation and Bylaw's All rights of the Member with respect to the Foundation shall be exercised through the Board of Directors of ACH.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The draft Form 990, w hich is reconciled to the Foundation's internal financials and the Arkansas Children's Hospital consolidated audit report, is initially reviewed with Foundation's management. Subsequently, the draft Form 990 is reviewed in detail with members of the Foundation Board's Executive Committee by THE Foundation's management and both the SVP/CFO and VP of Financial Operations of Arkansas Children's Hospital. If the review by the Foundation Board's Executive Committee results in revisions to the Form 990, those revisions are made and the Form 990 to be filed is provided to the entire Board prior to the return being filed. In addition, the Form 990 to be filed is provided to both the Chairman of the Board and the Treasurer of Arkansas Children's Hospital.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Foundation Board is governed by the Arkansas Children's Hospital's Board of Directors Conflict of Interest Policy Annual disclosure of conflicts is required of all Board members. The annual disclosures are reviewed by the Foundation's President, by the Foundation Board's Chairman, and by both the SVP/CFO and VP of Financial Operations of Arkansas Children's Hospital. During the year, while Board members may participate in initial discussion, Board members who have a conflict are prohibited from participating in deliberations and decisions in the related transaction and abstain from voting, which is noted in the minutes

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation for the Foundation's President, Senior Vice President, Vice President, and key employees is reviewed by the Arkansas Children's Hospital Board Compensation Committee which is established through the Bylaws of Arkansas Children's Hospital to discharge the duty of the Board in fulfilling its oversight responsibilities for determining the adequacy and reasonableness of the compensation paid the CEO and other employees that the Committee believes are in a position to exercise a substantial influence of the affairs of the Hospital and its related organizations. The Committee is composed of members who personally receive no compensation, fees, or other benefits from the Hospital or related organizations. The Committee may rely upon reasoned written opinions of qualified legal, accounting, valuation and executive compensation experts. The Committee has the sole authority to retain and terminate any special advisors used to assist in the evaluation of compensation. The Committee contemporaneously, with making its determination of reasonableness with respect to the compensation of Disqualified Persons, documents in a written report to the Executive Committee and the Board, the basis for its decisions. Salary ranges for the noted positions were reviewed in detail with external compensation consultants in 2007.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AS REQUIRED

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2		Arkansas Children's Hospital Foundation is audited by an independent accountant, however, the audit is on consolidated financial statements for Arkansas Children's Hospital, Arkansas Children's Hospital Foundation, Arkansas Children's Hospital Research Institute and Building and Research Facility, Inc. Form 990, Part XI, Line 2 was answered "No" per IRS instruction that if the organization's financial statements were audited as a part of a consolidated financial statement only, then the organization should answer "No" To respond to the other questions in Part XI, the Hospital's Audit and Finance Committees assume responsibility for the oversight of the audit of the consolidated financial statements and selection of an independent auditor

ldentifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	PAYMENTS FOR FUNDRAISING EXPENSES for VARIOUS GRASSROOTS FUNDRAISING ACTIVITIES, INCLUDING ICON SALES, COIN COLLECTIONS, MEDIA CAMPAIGNS, TELEVISION MARKET FEES, AND GOLF TOURNAMENTS WHICH ARE HELD AT CMN NATIONAL SPONSOR LOCATIONS Includes expenses related to all CMN activities, including CMN disbursement and ACHF run CMN activities SCHEDULE G, PART I, LINE 2B, COLUMN (IV) Includes revenue received from CMN direct disbursement to ACHF of \$1,051,236 as well as revenue of \$1,989,286 generated through ACHF run CMN activities where the income is received by ACHF directly from donors

ldentifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN B		JONATHAN BATES, M D , SERVES IN A FULL-TIME CAPACITY AS THE PRESIDENT AND CEO OF ARKANSAS CHILDREN'S HOSPITAL AND ALSO HAS CHAIRMAN RESPONSIBILITIES OVER ARKANSAS CHILDREN'S HOSPITAL FOUNDATION AVERAGE HOURS REPORTED PER WEEK INCLUDE TIME WORKED FOR ENTITIES RELATED TO ARKANSAS CHILDREN'S HOSPITAL FOUNDATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A		During the intervals between the meetings of the Board of Directors, the Executive Committee shall possess and may exercise all powers and functions of the Board of Directors in the management and direction of the affairs of the Corporation in all cases in which specific directions shall not have been given by the Board of Directors. In addition to exercising the foregoing interim powers, the Executive Committee exclusively shall exercise the Board's authority, pursuant to A C A. SECTION 4-33-825(d), with respect to the following. (a) To manage, invest, and reinvest the funds and property of the Corporation, to select and employ brokers, investment advisors and fund managers, and to supervise the performance thereof, and generally to exercise the investment function and powers of the Board, (b) To establish the Corporation's annual budgets, to monitor income and expenses in comparison to budget, to borrow funds for purposes as shall seem for the best interest of the Corporation, and generally to exercise the finance function and powers of the Board, (c) to purchase real or personal property on the credit of the Corporation, and in connection with such purchase, or in connection with other borrowings of the Corporation, to authorize the Corporation's officers to execute and deliver promissory notes or other evidences of indebtedness of the corporation, and to mortgage or pledge corporate property to secure payment of such indebtedness, and to repay such indebtedness, and, (d) to apply the unrestricted funds of the Corporation to or for the benefit of Arkansas Children's Hospital and Arkansas Children's Hospital Research Institute, Inc., and to make all determinations relating thereto subject to the approval of the ACH Board. The Executive Committee is comprised of the following the Chief Executive Officer of ACH, who is also the Chairman of the Foundation Board of Directors, six (6) members of the ACH Board, one (1) member of the Arkansas Children's Hospital Research Institute Board, and three At Large Directors

DLN: 93493130018500

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC	Employer identification number 71-0568795				
Part I Identification of Disregarded Entities				71-0508795	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income Ei	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	ntions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Arkansas Children's Hospital 1 Childrens Way LITTLE ROCK, AR72202 71-0236857	HOSPITAL	AR	section 501(c)(3)	N/A	N/A
Arkansas Children's Hospital Research Institute 13 Childrens Way LITTLE ROCK, AR72202 71-0694931	RESEARCH	AR	SEction 501(c)(3)	Type 1 Supporting Or	Arkansas Children's Hospital
ARKANSAS CHILDREN'S HOSPITAL Building Research Facility Inc 1 Childrens Way IITTLE ROCK, AR72202 91-1940376	BUILDING MANAGEMENT	AR	SEction 501(c)(3)	TYPe 1 Supporting Or	Arkansas Children's Hospital
Arkansas Children's Hospital Auxiliary 1 Childrens Way LITTLE ROCK, AR72202 71-0606585	FUNDRAISING	AR	SEction 501(c)(3)	TYpe 1 Supporting Or	Arkansas Children's Hospital

(A) Name, address, and EIN of related organization	(B) Primary act	ivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	Olispro alloca	H) prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene man	(J) eral o naging tner?
								Yes	No	-	Yes	TNo
											1	
											-	-
								<u> </u>			<u> </u>	_
Part IV Identification of R (A) Name, address, and EIN of related o		(B) Primary act		e as a Corporation (C) Legal domicile (state or foreign country)	On or Trust (D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inc	come	Sh end	are of Perce	(H) entage nership	
HOSPITAL FINANCE CORPORATION 1 CHILDRENS WAY LITTLE ROCK, AR72202 71-0443671		COLLECTIONS		AR	N/A	С						
CHILDREN'S HEALTH SYSTEM INC 1 CHILDRENS WAY LITTLE ROCK, AR72202 58-6304957		MANAGEMENT SERVICES		AR	N/A	С						
CHILDREN'S HEALTH NETWORK INC 1 CHILDRENS WAY LITTLE ROCK, AR72202 71-0797428		MANAGEMENT SERVICES		AR	N/A	С						

(6)

Part V	Transactions with Related Organizations
Note	Complete line 1 if any entity is listed in Parts II. III or IV

Pa	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II	·IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	ıty		1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d		No
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1 i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization	anızatıon(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n	Sharing of paid employees			1n		No
o	Reimbursement paid to other organization for expenses			10	Yes	
р	Reimbursement paid by other organization for expenses			1р		No
q	O ther transfer of cash or property to other organization(s)			1q	Yes	
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including covered relations	hips and transaction thresholds			
	(A)	(B)	(C)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
See						
Add Dat	itional a					
Tab						
(2)						
(3)						
(4)						
(5)						

Part VI Unrelated Organizations Taxable as a Partnership

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

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets	(F) Disproprtionate allocations?								(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No						
			•			•	•	Sabadula	D / Form	000) 2000						

Form 990, Schedule R, Part V - Transaction	s with Related Organizations
	(A)

ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE

ARKANSAS CHILDREN'S HOSPITAL

(9)

(10)

Name of other organization

	· · · · · · · · · · · · · · · · · · ·	type(a-r)	(\$)
(1)	ARKANSAS CHILDREN'S HOSPITAL	В	6,456,730
(2)	ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE	В	951,316
(3)	ARKANSAS CHILDREN'S HOSPITAL	С	1,544,272
(4)	ARKANSAS CHILDREN'S HOSPITAL AUXILIARY	С	800,100
(5)	ARKANSAS CHILDREN'S HOSPITAL BUILDING RESEARCH FACILITY INC	С	78,353
(6)	ARKANSAS CHILDREN'S HOSPITAL	М	1,504,511
(7)	ARKANSAS CHILDREN'S HOSPITAL	0	736,593
(8)	ARKANSAS CHILDREN'S HOSPITAL	Q	2,194,504

(B)

Transaction

Κ

Κ

(C)

A mount Involved

626,387

3,806,900

Software ID: Software Version:

EIN: 71-0568795

Name: ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Form 990. Part VII - Section Aaa

C	Form 990, Part VII - Section Aaa										
(A) Name and Title Part Male A berge hours proved by the provided by the prov		A verage hours per		tion (chec)			Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related
PAT ALLEN, TRUSTEE/DIRECTOR 50 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
DOES	JOHN BEL , FOUNDATION PRESIDENT	40 00	Х		Х				259,529	0	82,213
SHARON BALE , TRUSTEE/DIRECTOR	PAT ALLEN , TRUSTEE/DIRECTOR	50	Х						0	0	0
DONATHAN BATES MD	JOHN H BALE JR , TRUSTEE/DIRECTOR	50	Х						0	0	0
TOM BAXTER, TRUSTEE/DIRECTOR	SHARON BALE , TRUSTEE/DIRECTOR	50	Х						0	0	0
FRANCES BUCHANAN, 50 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JONATHAN BATES MD , CHAIRMAN	40 00	Х		Х				0	586,381	211,491
TRUSTEE/DIRECTOR	TOM BAXTER, TRUSTEE/DIRECTOR	50	Χ						0	0	0
JAMES COBB, TRUSTEE/DIRECTOR		50	Х						0	0	0
ROBERT G CRESS, TRUSTEE/DIRECTOR 50 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	WILLIAM CLARK, TRUSTEE/DIRECTOR	50	Х						0	0	0
TRUSTEE/DIRECTOR	JAMES COBB , TRUSTEE/DIRECTOR	50	Х						0	0	0
TRUSTEE/DIRECTOR HAYDEN FRANKS MD, TRUSTEE/DIRECTOR SO X SO X O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		50	Х						0	0	0
TRUSTEE/DIRECTOR	, ·	50	Х						0	0	0
BILL HANNAH , TRUSTEE/DIRECTOR		50	Х						0	0	0
ANNE A HICKMAN, TRUSTEE/DIRECTOR 50 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ROBIN GEORGE , TRUSTEE/DIRECTOR	50	Х						0	0	0
TRUSTEE/DIRECTOR	BILL HANNAH , TRUSTEE/DIRECTOR	50	Х						0	0	0
LISA KIRKPATRICK, TRUSTEE/DIRECTOR MARK LARSEN, TRUSTEE/DIRECTOR 50 X DIANE MACKEY, TRUSTEE/DIRECTOR 50 X 0 0 0 0 ALICE MAHONY, TRUSTEE/DIRECTOR 50 X 0 0 0 0 ALICE MAHONY, TRUSTEE/DIRECTOR 50 X 0 0 0 0 MARK MCCASLIN, TRUSTEE/DIRECTOR 50 X 0 0 0 0 TRUSTEE/DIRECTOR 50 X 0 0 0		50	Х						0	0	0
TRUSTEE/DIRECTOR	RAY HOBBS , TRUSTEE/DIRECTOR	50	Х						0	0	0
DIANE MACKEY, TRUSTEE/DIRECTOR 50 X 0 0 0 ALICE MAHONY, TRUSTEE/DIRECTOR 50 X 0 0 0 MARK MCCASLIN, TRUSTEE/DIRECTOR 50 X 0 0 0 JIM MCCLELLAND, TRUSTEE/DIRECTOR 50 X 0 0 0 JEFFREY W NOLAN, TRUSTEE/DIRECTOR 50 X 0 0 0 ROBERT PORTER MD, TRUSTEE/DIRECTOR 50 X 0 0 0 RATIE RANSDELL, TRUSTEE/DIRECTOR 50 X 0 0 0 SARA M RICHARDSON, TRUSTEE/DIRECTOR 50 X 0 0 0 DOYLE ROG ROGERS JR, TRUSTEE/DIRECTOR 10 X 0 0 0 VICKI SAVIERS, TRUSTEE/DIRECTOR 50 X 0 0 0 VICKI SAVIERS, TRUSTEE/DIRECTOR 50 X 0 0 0 PHILIP W SCHMIDT, 50 X 0 0 0 0		50	Х						0	0	0
ALICE MAHONY, TRUSTEE/DIRECTOR 50 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MARK LARSEN , TRUSTEE/DIRECTOR	50	Х						0	0	0
MARK MCCASLIN, TRUSTEE/DIRECTOR 50 X 0 0 0 JIM MCCLELLAND, TRUSTEE/DIRECTOR 50 X 0 0 0 JEFFREY W NOLAN, TRUSTEE/DIRECTOR 50 X 0 0 0 ROBERT PORTER MD, TRUSTEE/DIRECTOR 50 X 0 0 0 KATIE RANSDELL, TRUSTEE/DIRECTOR 50 X 0 0 0 0 SARA M RICHARDSON, TRUSTEE/DIRECTOR 50 X 0 0 0 0 0 DOYLE ROG ROGERS JR, TRUSTEE/DIRECTOR 10 X 0 </td <td>DIANE MACKEY , TRUSTEE/DIRECTOR</td> <td>50</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	DIANE MACKEY , TRUSTEE/DIRECTOR	50	Х						0	0	0
TRUSTEE/DIRECTOR 50 X 0	ALICE MAHONY , TRUSTEE/DIRECTOR	50	Х						0	0	0
TRUSTEE/DIRECTOR 50 X 0		50	Х						0	0	0
TRUSTEE/DIRECTOR 50 X 0 0 0 ROBERT PORTER MD , TRUSTEE/DIRECTOR 50 X 0 0 0 KATIE RANSDELL , TRUSTEE/DIRECTOR 50 X 0 0 0 SARA M RICHARDSON , TRUSTEE/DIRECTOR 50 X 0 0 0 DOYLE ROG ROGERS JR , TRUSTEE/DIRECTOR 10 X 0 0 0 VICKI SAVIERS , TRUSTEE/DIRECTOR 50 X 0 0 0 VICKI SAVIERS , TRUSTEE/DIRECTOR 50 X 0 0 0 PHILIP W SCHMIDT , 50 Y 0 0 0		50	Х						0	0	0
TRUSTEE/DIRECTOR 50 X 0 0 KATIE RANSDELL , TRUSTEE/DIRECTOR 50 X 0 0 0 SARA M RICHARDSON , TRUSTEE/DIRECTOR 50 X 0 0 0 0 DOYLE ROG ROGERS JR , TRUSTEE/DIRECTOR 10 X 0 0 0 0 0 VICKI SAVIERS , TRUSTEE/DIRECTOR 50 X 0 0 0 0 0 VICKI SCHAFFER , TRUSTEE/DIRECTOR 50 X 0 0 0 0 PHILIP W SCHMIDT , 50 X 0 0 0 0		50	Х						0	0	0
TRUSTEE/DIRECTOR 50 X 0 0 0 SARA M RICHARDSON , TRUSTEE/DIRECTOR 50 X 0 0 0 0 DOYLE ROG ROGERS JR , TRUSTEE/DIRECTOR 10 X 0 0 0 0 0 0 0 VICKI SAVIERS , TRUSTEE/DIRECTOR 50 X 0	· ·	50	Х						0	0	0
TRUSTEE/DIRECTOR 50 X 0 0 DOYLE ROG ROGERS JR , TRUSTEE/DIRECTOR 10 X 0 0 VICKI SAVIERS , TRUSTEE/DIRECTOR 50 X 0 0 0 KATE SCHAFFER , TRUSTEE/DIRECTOR 50 X 0 0 0 PHILIP W SCHMIDT , 50 X 0 0 0	· ·	50	Х						0	0	0
DOYLE ROG ROGERS JR , TRUSTEE/DIRECTOR 10 X 0 </td <td>SARA M RICHARDSON ,</td> <td>50</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	SARA M RICHARDSON ,	50	Х						0	0	0
VICKI SAVIERS , TRUSTEE/DIRECTOR 50 X 0 0 0 KATE SCHAFFER , TRUSTEE/DIRECTOR 50 X 0 0 0 PHILIP W SCHMIDT , 50 X 0 0 0	DOYLE ROG ROGERS JR ,	10	Х						0	0	0
KATE SCHAFFER, TRUSTEE/DIRECTOR 50 X 0 0 0 PHILIP W SCHMIDT, 50 X 0 0 0		50	Х						0	0	0
PHILIP W SCHMIDT,		50	Х						0	0	0
		50	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	on the Institutional Trustee	ched pply)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
PATRICK SCHUECK , TRUSTEE/DIRECTOR	50	Х						0	0	0
WITT STEPHENS , TRUSTEE/DIRECTOR	50	Х						0	0	0
STEPHEN L STRANGE , TRUSTEE/DIRECTOR	50	Х						0	0	0
MARIANNE THOMPSON , TRUSTEE/DIRECTOR	50	Х						0	0	0
SUE TROTTER , TRUSTEE/DIRECTOR	50	Х						0	0	0
CHARLES B WHITESIDE III , VICE CHAIRMAN	50	×		х				0	0	0
TOM WOMACK, TRUSTEE/DIRECTOR	50	Х						0	0	0
FRED SCARBOROUGH , SENIOR VP	40 00			Х				140,114	0	19,028
JENNIFER CARLISLE , VICE PRESIDENT	40 00			х				77,296	0	7,865
ELIZABETH SMITH , SENIOR VP	40 00					Х		125,962	0	16,238