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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Part I Summary

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1 CHILDRENS WAY
City or town, state or country, and ZIP + 4
LITTLE ROCK, AR 72202

D Employer identification number
71-0568795
E Telephone number
(501) 364-2555
G Gross receipts \$ 39,296,983

F Name and address of principal officer
JOHN BEL
1 CHILDRENS WAY
LITTLE ROCK, AR 72202

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group exemption number

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

J Website: WWW ARCHILDRENS ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1982
M State of legal domicile AR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MAKING FRIENDS AND RAISING FUNDS IN SUPPORT OF ARKANSAS CHILDREN'S HOSPITAL AND RESEARCH INSTITUTE

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of employees... 6 Total number of volunteers... 7a Total gross unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here
Signature of officer: JOHN BEL PRESIDENT
Date: 2011-05-11

Paid Preparer's Use Only
Preparer's signature: DELOITTE TAX LLP
Date:
Check if self-employed:
Preparer's identifying number:
Firm's name (or yours if self-employed), address, and ZIP + 4: DELOITTE TAX LLP, 1111 BAGBY STREET SUITE 4500, HOUSTON, TX 770022591
EIN:
Phone no: (713) 982-2000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The mission of the Arkansas Children's Hospital Foundation is to make friends and raise funds in support of Arkansas Children's Hospital and Arkansas Children's Hospital Research Institute

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 11,107,883 including grants of \$ 11,107,883) (Revenue \$ 4,488,686)

ARKANSAS CHILDREN'S HOSPITAL FOUNDATION IS THE FUNDRAISING ARM FOR ARKANSAS CHILDREN'S HOSPITAL AND ITS RELATED INSTITUTIONS, INCLUDING THE ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE THE FOUNDATION'S MISSION IS TO MAKE FRIENDS AND RAISE FUNDS TO SUPPORT ARKANSAS CHILDREN'S HOSPITAL AND THE ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE, THUS ENHANCING PATIENT CARE, RESEARCH, EDUCATION AND PREVENTION

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

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 11,107,883

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>		No
12a	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>		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 U S? <i>If "Yes," complete Schedule F, Part III</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> <input checked="" type="checkbox"/>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 30		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
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)?		No
	4a		
b	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		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	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		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line a or b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," 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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed AR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

• List all of the organization's **current** key employees See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total	510,961	493,571	303,488
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

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

Section B. Independent Contractors

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

(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	518,406
LUTHER KING CAPITAL MANAGEMENT 301 COMMERCE ST 1600 FORT WORTH, TX 76102	INVESTMENT MANAGEMENT FEES	147,748
FOUNDATION RESOURCE MANAGEMENT INC 401 W CAPITOL AVE 503 LITTLE ROCK, AR 72201	INVESTMENT MANAGEMENT FEES	125,993

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 10,663					
	b	Membership dues 1b					
	c	Fundraising events 1c 3,806,141					
	d	Related organizations 1d 2,834,009					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 11,426,139					
	g	Noncash contributions included in lines 1a-1f \$ 599,179					
	h	Total. Add lines 1a-1f ▶	18,076,952				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	4,308,389	4,308,389			
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶	130,695	130,695			
	6a	(i) Real					
		(ii) Personal					
		Gross Rents	180,969				
		Less rental expenses					
	c	Rental income or (loss)	180,969				
	d	Net rental income or (loss) ▶	180,969	180,969			
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	16,445,162				
Less cost or other basis and sales expenses		16,576,529					
c	Gain or (loss)	-131,367					
d	Net gain or (loss) ▶	-131,367	-131,367				
8a	Gross income from fundraising events (not including \$ 3,806,141 of contributions reported on line 1c) See Part IV, line 18 a 154,816						
b	Less direct expenses b 392,537						
c	Net income or (loss) from fundraising events . . . ▶	-237,721			-237,721		
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . . ▶						
	Miscellaneous Revenue	Business Code					
11a	_____	_____					
b	_____	_____					
c	_____	_____					
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶		22,327,917	4,488,686	0	-237,721	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	11,107,883	11,107,883		
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	650,706			650,706
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	1,751,877			1,751,877
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	339,266			339,266
10	Payroll taxes	156,764			156,764
11	Fees for services (non-employees)				
a	Management				
b	Legal	10,055			10,055
c	Accounting	963			963
d	Lobbying				
e	Professional fundraising See Part IV, line 17	325,480			325,480
f	Investment management fees	432,448		432,448	
g	Other	115,256			115,256
12	Advertising and promotion				
13	Office expenses	216,126			216,126
14	Information technology	46,762			46,762
15	Royalties				
16	Occupancy	2,769			2,769
17	Travel	57,858			57,858
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,850			2,850
20	Interest	101,826			101,826
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,274			29,274
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)				
a	DUES AND SUBSCRIPTIONS	51,244			51,244
b	DONOR RELATIONS & RECOG	43,792			43,792
c	MINOR EQUIPMENT	21,918			21,918
d					
e					
f	All other expenses	140,494			140,494
25	Total functional expenses. Add lines 1 through 24f	15,605,611	11,107,883	432,448	4,065,280
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	2,888,393	2	2,488,105
	3 Pledges and grants receivable, net	5,788,503	3	6,267,785
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,177	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,410	9	27,731
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	3,149,724		
	b Less accumulated depreciation	365,270		
		2,783,153	10c	2,784,454
	11 Investments—publicly traded securities	139,196,123	11	160,833,709
	12 Investments—other securities. See Part IV, line 11	44,776	12	54,040
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	8,735,244	15	9,077,300	
16 Total assets. Add lines 1 through 15 (must equal line 34)	159,460,779	16	181,533,124	
Liabilities	17 Accounts payable and accrued expenses	1,626,868	17	1,700,690
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,626,868	26	1,700,690
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	100,696,415	27	117,131,670
	28 Temporarily restricted net assets	34,756,596	28	36,155,709
	29 Permanently restricted net assets	22,380,900	29	26,545,055
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	157,833,911	33	179,832,434	
34 Total liabilities and net assets/fund balances	159,460,779	34	181,533,124	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number

71-0568795

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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

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

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

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,778,478	13,080,550	19,268,706	14,369,765	18,076,952	74,574,451
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,778,478	13,080,550	19,268,706	14,369,765	18,076,952	74,574,451
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,731,040
6 Public Support. Subtract line 5 from line 4						68,843,411

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9,778,478	4,090,148	19,268,706	14,369,765	18,076,952	74,574,451
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,669,737	4,090,148	4,667,452	4,989,426	4,620,053	21,036,816
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	200					200
11 Total support (Add lines 7 through 10)						95,611,467

12 Gross receipts from related activities, etc (See instructions)**12****13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	72 000 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	75 890 %

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number 71-0568795

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 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 for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 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.

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	145,964,751	155,593,081			
b Contributions	12,053,113	7,376,026			
c Investment earnings or losses	14,382,271	-14,689,919			
d Grants or scholarships					
e Other expenditures for facilities and programs	10,684,849	2,314,437			
f Administrative expenses					
g End of year balance	161,715,286	145,964,751			

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ **84.000 %**
- b** Permanent endowment ▶ **16.000 %**
- c** Term endowment ▶ **0 %**

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		311,880	143,954	167,926
c Leasehold improvements				
d Equipment		203,425	179,050	24,375
e Other	2,400,000	234,419	42,266	2,592,153
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,784,454

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
TRUSTS RECEIVABLE	5,990,698
MINERAL INTERESTS	1,100,070
INTEREST RECEIVABLE	843,583
OTHER RECEIVABLES	715,709
ACH Auxiliary Net Assets	427,240
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶	9,077,300

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,327,917
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,605,611
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,722,306
4	Net unrealized gains (losses) on investments	4	15,279,925
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,708
9	Total adjustments (net) Add lines 4 - 8	9	15,276,217
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,998,523

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part III, Line 1a		The artwork contributed to ACHF IN FY09 appraised for \$238,200 and included approximately 1,000 works on paper by 77 artists
Part III, Line 4		The artwork contributed to ACHF IN FY09 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 Adjustments		TRANSFER OF NET ASSETS TO ANNUITY RESERVE -3708

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
71-0568795

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHILDREN'S MIRACLE NETWORK	Payments for fundraising expenses for various grassroots fun		No	3,053,656	612,651	2,441,005
HERITAGE COMPANY INC	PAID PHONE SOLICITATION OF EACH DONORS		No	104,687	42,411	62,276
Total				3,158,343	655,062	2,503,281

3 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,TX,NV,ID,MT,WY,SD,NE,IA,IN,NH,DE,OK,MS,LA,CO

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	RADIOTHON (event type)	1,831 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	639,843	168,192	3,152,922	3,960,957
	2 Less Charitable contributions	485,027	168,192	3,152,922	3,806,141
	3 Gross income (line 1 minus line 2)	154,816			154,816
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages			25,692	25,692
	8 Entertainment				
	9 Other direct expenses	16,640	10,762	339,443	366,845
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				392,537
11 Net income summary Combine lines 3, column d, and line 10. ▶				-237,721	

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		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 ▶ \$ _____			

Schedule I (Form 990)

OMB No 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number 71-0568795

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

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

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

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

Identifier	Return Reference	Explanation
Other Information	Part IV	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 PURPOSES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number

71-0568795

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p><input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>		No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes	
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>		
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	Yes	
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN BEL	(i)	247,830	15,000	1,639	73,060	6,606	344,135	0
	(ii)	0	0	0	0	0	0	0
JONATHAN BATES MD	(i)	0	0	0	0	0	0	0
	(ii)	440,456	50,000	3,115	187,679	6,897	688,147	0
FRED SCARBOROUGH	(i)	137,384	13,000	129	10,733	8,376	169,622	0
	(ii)	0	0	0	0	0	0	0

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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	CHARTER TRAVEL IS USED BY ACH AND FOUNDATION BOARD MEMBERS (OCCASIONALLY SPOUSES) AND STAFF FOR FUNDRAISING WHEN IT IS DEEMED THE MOST EFFICIENT METHOD OF TRAVEL TO DISTANT AREAS WITHIN THE STATE OR TO SURROUNDING STATES
	Part I, Line 4a	One ACHF officer and DIRECTOR is an EMPLOYEE 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 2009 TAX YEAR, THE FOLLOWING ACHF REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE: JONATHAN BATES, M.D.; JOHN BEL NO LISTED PLAN PARTICIPANT RECEIVED PAYMENTS FROM THE SERP OR ANY OTHER RELATED RETIREMENT PLAN DURING THE 2009 TAX YEAR. PART I, LINE 7: A BONUS TO RECOGNIZE PERFORMANCE, PAID AT THE DISCRETION OF THE BOARD OF DIRECTORS, WAS PAID BASED ON CRITERIA INCLUDING PERFORMANCE AND PERIOD OF TIME WORKED DURING THE FISCAL YEAR. FOR ALL EMPLOYEES LISTED AS KEY EMPLOYEES OR OFFICERS, THE BONUS WAS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number

71-0568795

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AMY K HARKINS	SEE SCHEDULE O - FAMILY MEMBER	45,257	SCHEDULE O ARKANSAS CHILDREN'S HOSPITAL FOUNDATION COMPENSATED EMPLOYEE, AMY K HARKINS, FAMILY MEMBER OF BOARD MEMBER, JAMES HARKINS, HOWEVER, MRS HARKINS COMPENSATION WAS DETERMINED INDEPENDENTLY OF THIS FACT AND IS CONSISTENT WITH OTHERS AT HER LEVEL		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization
ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
71-0568795

Part 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 determining revenues
1 Art—Works of art				
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	X	11	227,177	STOCK MARKET VALUE
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	X	1	3,000	INDEP APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other	X	1	240,000	INDEP APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	848	129,002	APPROX SALES PRICE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	FOR PURPOSES OF THIS SCHEDULE, ARKANSAS CHILDREN'S HOSPITAL FOUNDATION IS REPORTING THE QUANTITIES IN COLUMN B BASED ON THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED, IN ACCORDANCE WITH OUR RECORD-KEEPING PRACTICES
Third Party Use	Part I, Line 32b	WHEN APPLICABLE, Realtors are used to sell donated properties and investment companies are used to liquidate donated securities

Additional Data

Software ID:

Software Version:

EIN: 71-0568795

Name: ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493131026741

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC	Employer identification number 71-0568795
--	---

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		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 who are nominated by the Executive Committee of the Foundation and who are elected to the Executive Committee by the ACH Board.

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

Identifier	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.

Identifier	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 Bylaws. All rights of the Member with respect to the Foundation shall be exercised through the Board of Directors of ACH.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The draft Form 990, which is reconciled to the Foundation's internal financial statements 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. The complete Form 990 is provided to all parties unless, to honor the request of a donor we must redact personal information about them to protect their anonymity. During the 2009 tax year, we have answered "no" to this question due to a request for donor anonymity. The complete Form 990, with the exception of the donor's name and address on Schedule B, was provided to the Foundation board's Executive Committee for review. The rest of the review process, as detailed above, was followed.

Identifier	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 and by the Foundation Board's Chairman. Disclosures are also RECEIVED by both the SVP/CFO and VP of Financial Operations of Arkansas Children's Hospital FOR REPORTING PURPOSES. 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.

Identifier	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 over 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.

Identifier	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.

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMNS E & F		COMPENSATION REPORTED IN THESE COLUMNS IS ATTRIBUTABLE TO EMPLOYEE'S TIME DEVOTED EACH WEEK TO THIS ENTITY AS WELL AS RELATED ORGANIZATIONS, AS FOLLOWS: JONATHAN BATES, M D ARKANSAS CHILDREN'S HOSPITAL - 40 HOURS ARKANSAS CHILDREN'S HOSPITAL FOUNDATION - 3 HOURS ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE - 1 HOUR ARKANSAS CHILDREN'S HOSPITAL BUILDING RESEARCH FACILITY - 1 HOURS ALL OTHER COMPENSATION LISTED IN COLUMNS E OR F RELATES TO EMPLOYEES' TIME THAT IS DEVOTED TO ARKANSAS CHILDREN'S HOSPITAL FOUNDATION ARKANSAS CHILDREN'S HOSPITAL ACCOUNTING DEPARTMENT MANAGES THE PAYROLL FUNCTION CENTRALLY FOR ARKANSAS CHILDREN'S HOSPITAL AND ALL RELATED ORGANIZATIONS.

Identifier	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 (III) FOR THE MAJORITY OF CONTRIBUTIONS RECEIVED AS A RESULT OF CMN AND HERITAGE FUNDRAISING EFFORTS, ACHF MAINTAINS CUSTODY AND CONTROL OF THE FUNDS. THERE IS A PORTION, HOWEVER, THAT CMN CONTROLS THAT IS RECEIVED THROUGH DIRECT DISBURSEMENT. SCHEDULE G, PART I, LINE 2B, COLUMN (IV) Includes revenue received from CMN direct disbursement to ACHF of \$1,014,655 as well as revenue of \$2,039,001 generated through ACHF run CMN activities where the income is received by ACHF directly from donors.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number
71-0568795

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Arkansas Children's Hospital 1 Childrens Way LITTLE ROCK, AR 72202 71-0236857	HOSPITAL	AR	501(c)(3)	Line 3	N/A
Arkansas Children's Hospital Research Institute 13 Childrens Way LITTLE ROCK, AR 72202 71-0694931	RESEARCH	AR	501(c)(3)	Line 11a, I	Arkansas Children's Hospital
ARKANSAS CHILDREN'S HOSPITAL Building Research Facility Inc 1 Childrens Way LITTLE ROCK, AR 72202 91-1940376	BUILDING MANAGEMENT	AR	501(c)(3)	Line 11a, I	Arkansas Children's Hospital
Arkansas Children's Hospital Auxiliary 1 Childrens Way LITTLE ROCK, AR 72202 71-0606585	FUNDRAISING	AR	501(c)(3)	Line 11a, I	Arkansas Children's Hospital

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HOSPITAL FINANCE CORPORATION 1 CHILDRENS WAY LITTLE ROCK, AR 72202 71-0443671	COLLECTIONS	AR	N/A	C			
CHILDREN'S HEALTHcare SYSTEM INC 1 CHILDRENS WAY LITTLE ROCK, AR 72202 58-6304957	MANAGEMENT SERVICES	AR	N/A	C			
CHILDREN'S HEALTH NETWORK INC 1 CHILDRENS WAY LITTLE ROCK, AR 72202 71-0797428	MANAGEMENT SERVICES	AR	N/A	C			

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n		No
1o	Yes	
1p		No
1q	Yes	
1r	Yes	

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

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Software ID:
Software Version:
EIN: 71-0568795
Name: ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	ARKANSAS CHILDREN'S HOSPITAL	B	10,085,547
(2)	ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE	B	1,022,336
(3)	ARKANSAS CHILDREN'S HOSPITAL AUXILIARY	C	830,000
(4)	ARKANSAS CHILDREN'S HOSPITAL BUILDING RESEARCH FACILITY INC	C	78,281
(5)	ARKANSAS CHILDREN'S HOSPITAL	C	1,625,728
(6)	ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE	C	300,000
(7)	ARKANSAS CHILDREN'S HOSPITAL	K	3,956,311
(8)	ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE	K	501,507
(9)	ARKANSAS CHILDREN'S HOSPITAL	M	1,561,626
(10)	ARKANSAS CHILDREN'S HOSPITAL	O	780,435
(11)	ARKANSAS CHILDREN'S HOSPITAL	Q	2,265,357
(12)	ARKANSAS CHILDREN'S HOSPITAL AUXILIARY	Q	360,856
(13)	ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE	R	4,500,000

Additional Data

Software ID:
Software Version:
EIN: 71-0568795
Name: ARKANSAS CHILDREN'S HOSPITAL FOUNDATION INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BEL FOUNDATION PRESIDENT	40 00	X		X				264,469	0	79,666
PAT ALLEN TRUSTEE/DIRECTOR	1 00	X						0	0	0
SHARON BALE TRUSTEE/DIRECTOR	3 00	X						0	0	0
JONATHAN BATES MD CHAIRMAN	3 00	X		X				0	493,571	194,576
TOM BAXTER TRUSTEE/DIRECTOR	1 00	X						0	0	0
FRANCES BUCHANAN TRUSTEE/DIRECTOR	2 00	X						0	0	0
WILLIAM CLARK TRUSTEE/DIRECTOR	50	X						0	0	0
JAMES COBB TRUSTEE/DIRECTOR-PART YEAR	50	X						0	0	0
ROBERT G CRESS TRUSTEE/DIRECTOR	50	X						0	0	0
CHUCK ERWIN III TRUSTEE/DIRECTOR	1 00	X						0	0	0
HAYDEN FRANKS MD TRUSTEE/DIRECTOR	50	X						0	0	0
ROBIN GEORGE TRUSTEE/DIRECTOR	1 00	X						0	0	0
BILL HANNAH TRUSTEE/DIRECTOR	50	X						0	0	0
JAMES HARKINS TRUSTEE/DIRECTOR	50	X						0	0	0
ANNE A HICKMAN TRUSTEE/DIRECTOR	1 00	X						0	0	0
RAY HOBBS TRUSTEE/DIRECTOR	50	X						0	0	0
SHARON LAMB TRUSTEE/DIRECTOR	2 00	X						0	0	0
MARK LARSEN TRUSTEE/DIRECTOR	50	X						0	0	0
ROBIN LOCKHART TRUSTEE/DIRECTOR	1 50	X						0	0	0
DIANE MACKEY TRUSTEE/DIRECTOR	1 00	X						0	0	0
ALICE MAHONY TRUSTEE/DIRECTOR-PART YEAR	10	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	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARA M RICHARDSON TRUSTEE/DIRECTOR	1 00	X						0	0	0
DOYLE ROG ROGERS JR TRUSTEE/DIRECTOR	10	X						0	0	0
VICKI SAVIERS TRUSTEE/DIRECTOR	1 00	X						0	0	0
PHILIP W SCHMIDT TRUSTEE/DIRECTOR	1 00	X						0	0	0
PATRICK SCHUECK TRUSTEE/DIRECTOR	1 00	X						0	0	0
CLARA SIMS TRUSTEE/DIRECTOR	0 00	X						0	0	0
WITT STEPHENS TRUSTEE/DIRECTOR	50	X						0	0	0
STEPHEN L STRANGE TRUSTEE/DIRECTOR	50	X						0	0	0
MARIANNE THOMPSON TRUSTEE/DIRECTOR	50	X						0	0	0
SUE TROTTER TRUSTEE/DIRECTOR	50	X						0	0	0
CHARLES B WHITESIDE III VICE CHAIRMAN	2 00	X		X				0	0	0
TOM WOMACK TRUSTEE/DIRECTOR	50	X						0	0	0
FRED SCARBOROUGH SENIOR VP	40 00			X				150,513	0	19,109
JENNIFER CARLISLE VICE PRESIDENT	40 00			X				95,979	0	10,137