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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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 9000 W WISCONSIN AVE PO BOX 1997

Room/suite

City or town, state or country, and ZIP + 4
MILWAUKEE, WI 53201

D Employer identification number
39-1500075

E Telephone number
(414) 266-5420

G Gross receipts $ 129,107,628

F Name and address of principal officer
JAMES MILLER
9000 W WISCONSIN AVE PO BOX 1997
MILWAUKEE, WI 53201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CHW ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SECURE FINANCIAL SUPPORT FOR CHILDREN'S HOSPITAL AND HEALTH SYSTEM AND ITS TAX EXEMPT AFFILIATES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	38
6	Total number of volunteers (estimate if necessary)	**6**	788
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	18,200,957	19,029,223
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,495,976	14,261,575
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-203,500	-9,029
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,493,433	33,281,769
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,206,575	10,043,995
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,853,152	3,712,866
16a	Professional fundraising fees (Part IX, column (A), line 11e)	149,878	90,747
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,035,925		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,518,267	2,023,214
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,727,872	15,870,822
19	Revenue less expenses Subtract line 18 from line 12	-3,234,439	17,410,947
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	366,502,791	414,801,758
21	Total liabilities (Part X, line 26)	30,184,361	26,248,566
22	Net assets or fund balances Subtract line 21 from line 20	336,318,430	388,553,192

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

****** 2011-10-24
Signature of officer Date

MARC CADIEUX CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name BRYAN L PAUTSCH CPA	Preparer's signature BRYAN L PAUTSCH CPA	Date 2011-10-24	Check if self-employed ▶☐	PTIN
Firm's name ▶ KOLBCO SC				Firm's EIN ▶
Firm's address ▶ 13400 BISHOPS LANE SUITE 300 BROOKFIELD, WI 53005				Phone no ▶ (262) 754-9400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION, INC IS A 501(C)(3) ORGANIZATION THAT EXISTS TO FUNDRAISE FOR CHILDREN'S HOSPITAL AND HEALTH SYSTEM, INC AND ITS NOT-FOR-PROFIT AFFILIATES INCLUDING CHILDREN'S HOSPITAL OF WISCONSIN, INC , CHILDREN'S MEDICAL GROUP, INC , AND CHILDREN'S SERVICE SOCIETY OF WISCONSIN

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 $ 3,170,530 including grants of $ 3,170,530) (Revenue $)

IN COLLABORATION WITH CHILDREN'S HOSPITAL OF WISCONSIN, INC ("CHW" OR "THE HOSPITAL") AND ITS AFFILIATES, CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION, INC ("CHHSF" OR "THE FOUNDATION") RAISES FUNDS TO SUPPORT FREE OR BELOW-COST COMMUNITY PROGRAMS SUCH AS HEALTH EDUCATION, CHILD ABUSE PREVENTION, PARENTING EDUCATION AND INJURY PREVENTION PROGRAMS FUNDING ALSO SUPPORTS SCHOOL BASED HEALTH CENTERS IN MILWAUKEE SCHOOLS AND SUPPORTS SOCIAL SERVICES PROVIDED TO WISCONSIN CHILDREN AND FAMILIES

4b (Code) (Expenses $ 2,017,500 including grants of $ 2,017,500) (Revenue $)

THE FOUNDATION PROVIDES RESOURCES ESSENTIAL TO SUPPORT THE OPERATIONS OF CHW

4c (Code) (Expenses $ 1,737,894 including grants of $ 1,737,894) (Revenue $)

IN COLLABORATION WITH CHW AND ITS AFFILIATES, THE FOUNDATION RAISES FUNDS TO SUPPORT INNOVATIVE NEW BIOMEDICAL, CLINICAL AND TRANSLATIONAL RESEARCH

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 3,118,071 including grants of $ 3,118,071) (Revenue $)

4e **Total program service expenses** ▶ $ 10,043,995

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		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 ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	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? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	24		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	3		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	38		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**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?			**6a**	No
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?			**7a** Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b** Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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?			**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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
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?		2	Yes	
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?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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		9		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?	10a		No
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WI , MN , AZ , FL

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MR JASON PELSIS
9000 W WISCONSIN AVENUE
MILWAUKEE, WI 53201
(414) 266-5997

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								295,995	8,526,833	653,993

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? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S MIRACLE NETWORK 4525 SOUTH 2300 EAST SALT LAKE CITY, UT 84117	HOSPITAL AWARENESS NETWORK	198,514
M&I BANK 111 EAST KILBOURN AVENUE SUITE 200 MILWAUKEE, WI 53202	INVESTMENT FEES	192,379
HEARTLAND ADVISORS 789 NORTH WATER STREET SUITE 500 MILWAUKEE, WI 53202	INVESTMENT FEES	177,578
LAKEFRONT COMMUNICATIONS LLC PO BOX 78755 MILWAUKEE, WI 532780755	AIRTIME/RADIOTHON	154,697
FIDUCIARY MANAGEMENT INC (FMI) 100 EAST WISCONSIN AVENUE SUITE 22 MILWAUKEE, WI 53202	INVESTMENT FEES	151,402

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 ▶ 7

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	347,548				
	b Membership dues 1b					
	c Fundraising events 1c	3,145,653				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	15,536,022				
	g Noncash contributions included in lines 1a-1f $	377,666				
	h **Total.** Add lines 1a-1f		19,029,223			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
	3 Investment income (including dividends, interest and other similar amounts)		8,169,203			8,169,203
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	101,175,156				
	b Less cost or other basis and sales expenses	95,082,784				
	c Gain or (loss)	6,092,372				
	d Net gain or (loss)		6,092,372			6,092,372
Other Revenue	8a Gross income from fundraising events (not including $ 3,145,653 of contributions reported on line 1c) See Part IV, line 18 a	719,061				
	b Less direct expenses b	742,085				
	c Net income or (loss) from fundraising events		-23,024			-23,024
	9a Gross income from gaming activities See Part IV, line 19 a	14,985				
	b Less direct expenses b	990				
	c Net income or (loss) from gaming activities		13,995			13,995
	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		33,281,769	0	0	14,252,546

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	10,043,995	10,043,995		
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	351,303		186,753	164,550
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	2,640,733		923,545	1,717,188
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	105,273		36,329	68,944
9 Other employee benefits	431,618		149,586	282,032
10 Payroll taxes	183,939		56,261	127,678
a Fees for services (non-employees) Management	673,000		673,000	
b Legal	210			210
c Accounting				
d Lobbying				
e Professional fundraising services *See Part IV, line 17*	90,747			90,747
f Investment management fees	480,282		480,282	
g Other	42,237			42,237
12 Advertising and promotion	11,055			11,055
13 Office expenses	23,562		16,593	6,969
14 Information technology	94,678		94,644	34
15 Royalties				
16 Occupancy	28,035		9,501	18,534
17 Travel	56,135		5,690	50,445
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,405		603	3,802
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,976		35,976	
23 Insurance	19,719			19,719
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PURCHASED SERVICES	322,941		49,698	273,243
b DUES,POSTAGE,DONOR REL	118,858		45,713	73,145
c PRINTING & PUBLICATION	75,630		26,728	48,902
d				
e				
f All other expenses	36,491			36,491
25 **Total functional expenses.** Add lines 1 through 24f	15,870,822	10,043,995	2,790,902	3,035,925
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,083,387	1	2,025,785
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		17,973,382	3	16,847,770
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		242,113	9	255,697
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 251,546			
	b	Less accumulated depreciation	10b 167,670	95,584	10c	83,876
	11	Investments—publicly traded securities		344,246,679	11	392,708,622
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,861,646	15	2,880,008
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		366,502,791	16	414,801,758
Liabilities	17	Accounts payable and accrued expenses		865,274	17	899,914
	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		29,319,087	25	25,348,652
	26	**Total liabilities.** Add lines 17 through 25		30,184,361	26	26,248,566
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		198,862,640	27	232,411,896
	28	Temporarily restricted net assets		36,445,913	28	40,628,553
	29	Permanently restricted net assets		101,009,877	29	115,512,743
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		336,318,430	33	388,553,192
	34	Total liabilities and net assets/fund balances		366,502,791	34	414,801,758

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	33,281,769
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,870,822
3	Revenue less expenses Subtract line 2 from line 1	3	17,410,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	336,318,430
5	Other changes in net assets or fund balances (explain in Schedule O)	5	34,823,815
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	388,553,192

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	2c	Yes	
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 separate basis, consolidated 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?	3a		No
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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Employer identification number
39-1500075

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	20,337,024	25,191,173	25,297,386	18,200,957	19,029,223	108,055,763
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	20,337,024	25,191,173	25,297,386	18,200,957	19,029,223	108,055,763
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)						11,865,591
6 **Public Support.** Subtract line 5 from line 4						96,190,172

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	20,337,024	25,191,173	25,297,386	18,200,957	19,029,223	108,055,763
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,585,449	19,525,055	10,393,359	9,198,668	8,169,203	62,871,734
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						170,927,497

12	Gross receipts from related activities, etc (See instructions)	12	5,270,292

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 2010 (line 6 column (f) divided by line 11 column (f))	14	56 280 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	54 870 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 39-1500075
Name: CHILDREN'S HOSPITAL AND HEALTH SYSTEM 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			
THOMAS E ARENBERG DIRECTOR/VICE CHAIR	1 00	X		X				0	0	0
ELLIS D AVNER MD DIRECTOR	1 00	X						0	0	0
MORRY BIRNBAUM DIRECTOR	1 00	X						0	0	0
KELLY J CLEARY-REBHOLZ DIRECTOR	1 00	X						0	0	0
THOMAS J ENDERS DIRECTOR	1 00	X						0	0	0
MARC H GORELICK MD DIRECTOR	1 00	X						0	0	0
SCOTT R HAAG DIRECTOR	1 00	X						0	0	0
DAVID P HAMACHER DIRECTOR	1 00	X						0	0	0
MARY M HOSMER DIRECTOR	1 00	X						0	0	0
TED D KELLNER DIRECTOR	1 00	X						0	0	0
BERNARD S KUBALE DIRECTOR	1 00	X						0	0	0
JOHN D LUBOTSKY DIRECTOR	1 00	X						0	0	0
KARIM J MACLEOD DIRECTOR	1 00	X						0	0	0
KIM M MAROTTA DIRECTOR	1 00	X						0	0	0
FRANK R MARTIRE JR DIRECTOR	1 00	X						0	0	0
JOHN S MCGREGOR DIRECTOR	1 00	X						0	0	0
JOHN M NOEL DIRECTOR	1 00	X						0	0	0
STEVEN M PALEC DIRECTOR	1 00	X						0	0	0
LARRY J POLACHECK MD DIRECTOR	1 00	X						0	0	0
LARRY A RAMBO DIRECTOR	1 00	X						0	0	0
TODD M REARDON DIRECTOR	1 00	X						0	0	0
MARY ANN RENZ DIRECTOR	1 00	X						0	0	0
GREG W RENZ DIRECTOR	1 00	X						0	0	0
JAY O ROTHMAN DIRECTOR/CHAIR	1 00	X		X				0	0	0
MARY ELLEN B STANEK 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			
JOHN W STEINER DIRECTOR	1 00	X						0	0	0
CURT B TRAU DIRECTOR	1 00	X						0	0	0
JAMES S TWEDDELL MD DIRECTOR	1 00	X						0	0	0
PATRICIA L VAN KAMPEN DIRECTOR	1 00	X						0	0	0
MARGARET TROY DIRECTOR/CHHS PRESIDENT & CEO	40 00	X						0	997,755	247,005
JAMES MILLER DIRECTOR/PRESIDENT & CEO	40 00	X		X				0	412,872	58,996
PATRICIA ALLISON VP CAMPAIGN DEVELOPMENT	40 00			X				0	168,890	49,380
TIMOTHY L BIRKENSTOCK TREASURER	40 00			X				0	596,957	81,491
SHEILA REYNOLDS SECRETARY	40 00			X				0	353,276	64,317
MARTIN VOGEL VP PRINCIPAL GIFTS	40 00			X				0	201,375	57,847
JEFFREY STEWART COO FOUNDATION	40 00			X				157,873	0	28,880
KELLY SACHSE DIRECTOR OF PLANNED GIVING	40 00					X		138,122	0	26,429
JON E VICE FORMER PRESIDENT	0 00						X	0	5,795,708	39,648

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 3,118,071 including grants of $ 3,118,071) (Revenue $)

PHILANTHROPIC SUPPORT RECEIVED BY THE FOUNDATION SUPPORTS CAPITAL EXPENDITURES SUCH AS FACILITIES EXPANSION, RENOVATION AND EQUIPMENT

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Employer identification number
39-1500075

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

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	310,455,790	254,107,258	304,292,256		
b	Contributions	15,473,320	14,374,062	22,231,792		
c	Investment earnings or losses	14,110,135	50,354,147	-55,658,236		
d	Grants or scholarships	10,043,995	8,379,677	16,758,554		
e	Other expenditures for facilities and programs					
f	Administrative expenses	853,953				
g	End of year balance	329,141,297	310,455,790	254,107,258		

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

- a Board designated or quasi-endowment ▶ 52 600 %
- b Permanent endowment ▶ 35 100 %
- c Term endowment ▶ 12 300 %

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				
c Leasehold improvements				
d Equipment		251,546	167,670	83,876
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				83,876

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
(1) Financial derivatives		
(2) 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYABLE TO AFFILIATES	25,348,652
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	25,348,652

2. Fin 48 (ASC 740) 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 (ASC740)

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	CHHSF HOLDS ENDOWMENT FUNDS ON BEHALF OF CHHS AND ITS AFFILIATES INTENDED USES OF THE FUNDS INCLUDE VARIOUS HEALTH-RELATED SERVICES, EDUCATION, CAPITAL PROJECTS, RESEARCH, AND SOCIAL SERVICES TO CHILDREN AND FAMILIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FOOTNOTE 2 INCOME TAXES CHHS EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS AND THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2010 OR 2009

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Employer identification number
39-1500075

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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 services? ☑ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
VITAL DATA MANAGEMENT 591 NORTH AVENUE WAKEFIELD, MA 01880	DIRECT MAIL		No	150,678	90,747	59,931
Total . . . . . ▶				150,678	90,747	59,931

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

WI, FL, AZ, MN

Part II **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 AL'S RUN AND WALK (event type)	(b) Event #2 MIRACLE MARATHON (event type)	(c) Other Events 12 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,053,184	1,564,755	1,246,775	3,864,714
	2 Less Charitable contributions	660,115	1,458,594	1,026,944	3,145,653
	3 Gross income (line 1 minus line 2)	393,069	106,161	219,831	719,061
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	30,582	41,828	33,187	105,597
	6 Rent/facility costs	22,335	145	18,162	40,642
	7 Food and beverages	1,400		43,614	45,014
	8 Entertainment			5,350	5,350
	9 Other direct expenses	243,071	125,140	177,271	545,482
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				742,085
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-23,024

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			14,985	14,985
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			990	990
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				990
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				13,995

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableWI

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	0 %
b An outside facility	**13b**	100 000 %

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

Name ▶ ELISABETH THOMSEN SPECIAL EVENTS M

Address ▶ 9000 W WISCONSIN AVE PO BOX 1997
MILWAUKEE, WI 53201

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ ELISABETH THOMSEN SPECIAL EVENTS M

Gaming manager compensation ▶ $ 51,979

Description of services provided ▶ RESPONSIBILITIES AS SPECIAL EVENTS MANAGER INCLUDE OVERSIGHT OF ALL ASPECTS OF FUNDRAISING EVENTS, INCLUDING RAFFLES HER PERCENTAGE OF TIME SPENT COORDINATING RAFFLES IS ABOUT 4%

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
	SCHEDULE G, PART I, LINE 2B, COLUMN III, CUSTODY/CONTROL OF CONTRIBUTIONS	VITAL DATA MANAGEMENT, INC DOES NOT ACCEPT OR PROCESS DONATIONS ON BEHALF OF CHHSF ALL CONTRIBUTIONS ARE DIRECTED TO AND RECEIVED BY CHHSF DURING 2010, THE ORGANIZATION PAID VITAL DATA MANAGEMENT, INC $90,747 FOR SERVICES AND $6,400 FOR DIRECT EXPENSES, FOR A TOTAL OF $97,147

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Employer identification number
39-1500075

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL OF WISCONSIN INC9000 W WISCONSIN AVENUE PO BOX 1997 1997 MILWAUKEE, WI 53201	39-0812532	501(C)(3)	5,127,017				OPERATION & CAPITAL SUPPORT
(2) CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC 9000 W WISCONSIN AVENUE PO BOX 1997 1997 MILWAUKEE, WI 53201	39-1500074	501(C)(3)	3,125,977				MEDICAL RESEARCH & CHILD ABUSE PREVENTION
(3) CHILDREN'S SERVICE SOCIETY OF WISCONSIN 9000 W WISCONSIN AVENUE PO BOX 1997 1997 MILWAUKEE, WI 53201	39-0806380	501(C)(3)	1,756,001				CHILD & FAMILY SOCIAL SERVICES
(4) CHILDREN'S MEDICAL GROUP INC9000 W WISCONSIN AVENUE PO BOX 1997 1997 MILWAUKEE, WI 53201	39-1789197	501(C)(3)	35,000				SCHOOL-BASED CLINICS

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 4

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 IN COLLABORATION WITH CHW, CHHSF AWARDS GRANTS TO ITS TAX-EXEMPT AFFILIATES GRANTS ARE AWARDED BASED ON THE STRATEGIC INITIATIVES OF THE HEALTH SYSTEM, THE NEEDS OF THE AFFILIATES, AND ANY PURPOSE RESTRICTIONS SET BY THE DONORS THE NEEDS OF THE AFFILIATES ARE EVALUATED IN THE ANNUAL BUDGET PROCESS FINAL BUDGETS REQUIRE APPROVAL FROM MANAGEMENT, THE ENTITY'S BOARD OF DIRECTORS AND THE CHHS BOARD OF DIRECTORS AND SENIOR MANAGEMENT IN ADDITION, THE OPERATIONS OF ALL AFFILIATES ARE SUBJECT TO SYSTEM CONTROLS, POLICIES AND PROCEDURES, AND ARE REFLECTED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF CHHS AND ITS AFFILIATES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Employer identification number
39-1500075

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
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?	**2**	Yes	
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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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				
(1) MARGARET TROY	(i)	0	0	0	0	0	0	0
	(ii)	696,337	238,920	62,498	213,436	33,569	1,244,760	0
(2) JAMES MILLER	(i)	0	0	0	0	0	0	0
	(ii)	308,562	64,000	40,310	32,760	26,236	471,868	0
(3) PATRICIA ALLISON	(i)	0	0	0	0	0	0	0
	(ii)	130,907	0	37,983	20,693	28,687	218,270	0
(4) TIMOTHY L BIRKENSTOCK	(i)	0	0	0	0	0	0	0
	(ii)	413,954	124,887	58,116	52,773	28,718	678,448	20,063
(5) SHEILA REYNOLDS	(i)	0	0	0	0	0	0	0
	(ii)	234,291	80,785	38,200	35,168	29,149	417,593	9,703
(6) MARTIN VOGEL	(i)	0	0	0	0	0	0	0
	(ii)	190,761	0	10,614	29,485	28,362	259,222	0
(7) JEFFREY STEWART	(i)	148,590	0	9,283	8,057	20,823	186,753	0
	(ii)	0	0	0	0	0	0	0
(8) KELLY SACHSE	(i)	137,483	0	639	9,811	16,618	164,551	0
	(ii)	0	0	0	0	0	0	0
(9) JON E VICE	(i)	0	0	0	0	0	0	0
	(ii)	647,628	0	5,148,080	0	39,648	5,835,356	4,895,003
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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	THE ORGANIZATION CONTINUED ITS PAST PRACTICE OF PAYING DUES FOR AN EXECUTIVE AT A LOCAL SOCIAL CLUB BASED UPON PAST DISCUSSIONS WITH THE IRS REGARDING THE TAXABILITY OF SUCH AMOUNTS TO THE EXECUTIVE, THE ORGANIZATION'S PRACTICE IS TO TREAT THE ENTIRE AMOUNT OF THE DUES AND THE CORRESPONDING TAX GROSS-UP PAYMENT AS TAXABLE INCOME SUCH AMOUNTS, INCLUDING THE ANNUAL GROSS-UP, WERE PRESENTED TO THE COMPENSATION COMMITTEE OF THE ORGANIZATION'S SOLE CORPORATE MEMBER AS PART OF THE OVERALL COMPENSATION PACKAGE FOR THE EXECUTIVE EFFECTIVE JANUARY 1, 2011, THE ORGANIZATION HAS ELIMINATED PAYMENT OF DUES FOR ALL OF THE MEMBERSHIPS (AND THE CORRESPONDING TAX GROSS-UPS)
	PART I, LINE 1B	THE ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES RELATED TO SUBSTANTIATION FOR REIMBURSEMENT OF ALL EXPENSES THE SOCIAL CLUB DUES WERE SUBJECT TO, AND PAID IN COMPLIANCE WITH, THE WRITTEN POLICIES AND PROCEDURES, BOTH THE DUES AND THE RELATED TAX GROSS-UPS WERE INCLUDED IN AMOUNTS PRESENTED TO THE COMPENSATION COMMITTEE
	PART I, LINES 4A-B	UNTIL JANUARY 2009, JON VICE SERVED AS PRESIDENT/CEO OF CHILDREN'S HOSPITAL AND HEALTH SYSTEM, INC ("CHHS"), WHICH IS THE CORPORATE MEMBER OF THE FOUNDATION BY VIRTUE OF THAT ROLE, MR VICE ALSO PERIODICALLY SERVED AS A DIRECTOR AND/OR OFFICER OF THE FOUNDATION IN JANUARY 2009, MR VICE RETIRED AFTER 30 YEARS OF SERVICE WITH CHHS AND ITS AFFILIATES CHHS PAID CERTAIN AMOUNTS AS SEVERANCE OR EARLY RETIREMENT INCOME TO MR VICE, WHO SERVED AS PRESIDENT/CEO THROUGH JANUARY 2009 THESE AMOUNTS WERE PAID PURSUANT TO A WRITTEN AGREEMENT ENTERED INTO IN MAY 2008 CASH PAYMENTS MADE TO MR VICE IN 2010 TOTALED $650,638 HOWEVER, BECAUSE AMOUNTS PAYABLE UNDER THE ARRANGEMENT WERE DEEMED TO HAVE VESTED IN 2010, THE PRESENT VALUE OF PAYMENTS TO BE MADE IN FUTURE YEARS (BASED ON ACTUARIAL ESTIMATES) WAS REPORTED AS TAXABLE INCOME FOR 2010 ACCORDINGLY PART I, LINE 4B IN 2010, THERE WAS A CHHS FLEXIBLE BENEFIT PLAN IN PLACE WHICH WAS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (457(F)) THE ORGANIZATION CONTRIBUTES 7% OF EACH PARTICIPATING EXECUTIVE'S SALARY THE AMOUNTS OF EMPLOYER CONTRIBUTIONS TO THIS PLAN FOR PARTICIPATING EXECUTIVES IN 2010 WERE AS FOLLOWS P ALLISON $11,668, T BIRKENSTOCK $30,723, S REYNOLDS $18,018, J MILLER $22,960, M VOGEL $13,610, M TROY $50,820 AFTER A VESTING PERIOD, PARTICIPANTS MAY ELECT TO WITHDRAW AMOUNTS PREVIOUSLY CONTRIBUTED AND REPORTED AMOUNTS WITHDRAWN BY PARTICIPANTS IN 2010 WERE T BIRKENSTOCK $20,063, S REYNOLDS $9,703 CHHS HAS REPORTED ADDITIONAL AMOUNTS SET ASIDE FOR A NONQUALIFIED RETIREMENT PLAN ON BEHALF OF ITS PRESIDENT AND CEO THE AMOUNT SET ASIDE IN 2010 WAS $152,816
	PART I, LINE 7	CERTAIN EXECUTIVES OF CHHS AND ITS AFFILIATES (INCLUDING THE FOUNDATION) PARTICIPATE IN AN ANNUAL BONUS PLAN THAT PROVIDES COMPENSATION BASED ON ACHIEVING SPECIFIC PRE-DEFINED GOALS BONUS CRITERIA ARE ESTABLISHED ON AN EXECUTIVE-BY-EXECUTIVE BASIS SUCH CRITERIA PERTAIN TO MATTERS WITHIN THE EXECUTIVE'S AREA OF RESPONSIBILITY, AS WELL AS ACHIEVEMENT OF OVERALL STRATEGIC OBJECTIVES OF THE ORGANIZATION AND ITS AFFILIATES
SUPPLEMENTAL INFORMATION	PART III	FORM 990, PART VII, COLUMN E & SCHEDULE J, PART II SALARIES PAID BY RELATED ORGANIZATIONS 1 MARGARET TROY, DIRECTOR OF CHHSF AND PRESIDENT & CEO OF CHHS - REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS AND OTHER COMPENSATION LISTED IN PART VII AND SCHEDULE J WERE PAID FOR SERVICES PROVIDED (40 HOURS PER WEEK) TO CHHS AND ITS AFFILIATES THESE AMOUNTS WERE PAID BY CHHS SERVICES AS A MEMBER OF THE BOARD OF DIRECTORS OF CHHSF WERE PROVIDED ON A PART-TIME VOLUNTARY BASIS 2 JAMES MILLER, PRESIDENT AND CEO OF CHHSF - REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS AND OTHER COMPENSATION LISTED IN PART VII AND SCHEDULE J WERE PAID FOR SERVICES PROVIDED (40 HOURS PER WEEK) TO CHHSF THESE AMOUNTS WERE PAID BY CHHS SERVICES AS A MEMBER OF THE BOARD OF DIRECTORS WERE PROVIDED ON A PART-TIME VOLUNTARY BASIS 3 PATRICIA ALLISON, VICE PRESIDENT OF CAMPAIGN DEVELOPMENT FOR CHHSF - REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS AND OTHER COMPENSATION LISTED IN PART VII AND SCHEDULE J WERE PAID FOR SERVICES PROVIDED (40 HOURS PER WEEK) TO CHHSF THESE AMOUNTS WERE PAID BY CHHS 4 TIMOTHY L BIRKENSTOCK, TREASURER OF CHHSF AND TREASURER & CFO OF CHHS - REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS AND OTHER COMPENSATION LISTED IN PART VII AND SCHEDULE J WERE PAID FOR SERVICES PROVIDED (40 HOURS PER WEEK) TO CHHS AND ITS AFFILIATES THESE AMOUNTS WERE PAID BY CHHS 5 SHEILA REYNOLDS, SECRETARY OF CHHSF AND CORPORATE VICE PRESIDENT & GENERAL COUNSEL OF CHHS - REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS AND OTHER COMPENSATION LISTED IN PART VII AND SCHEDULE J WERE PAID FOR SERVICES PROVIDED (40 HOURS PER WEEK) TO CHHS AND ITS AFFILIATES THESE AMOUNTS WERE PAID BY CHHS 6 MARTIN VOGEL, VICE PRESIDENT OF PRINCIPAL GIFTS OF CHHSF - REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS AND OTHER COMPENSATION LISTED IN PART VII AND SCHEDULE J WERE PAID FOR SERVICES PROVIDED (40 HOURS PER WEEK) TO CHHSF THESE AMOUNTS WERE PAID BY CHHS 7 JON E VICE, FORMER PRESIDENT OF CHHSF AND FORMER PRESIDENT & CEO OF CHHS - REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS AND OTHER COMPENSATION LISTED IN PART VII AND SCHEDULE J WERE PAID BY CHHS AS DESCRIBED ABOVE

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Employer identification number
39-1500075

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? 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
(1) FIDUCIARY MANAGEMENT INC	DIRECTOR (KELLNER)	151,402	MR KELLNER IS CHAIRMAN AND CEO OF FIDUCIARY MANAGEMENT, INC THE ORGANIZATION PAID FIDUCIARY MANAGEMENT, INC FOR INVESTMENT SERVICES		No
(2) BAIRD ADVISORS	DIRECTOR (STANEK)	114,498	MS STANEK IS MANAGING DIRECTOR AND CHIEF INVESTMENT OFFICER FOR BAIRD ADVISORS THE ORGANIZATION PAID BAIRD ADVISORS FOR INVESTMENT SERVICES		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN B, RELATIONSHIP		

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Employer identification number
39-1500075

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	27	159,870	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )		See Add'l Data		
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**

		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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	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
THIRD PARTY USE	PART I, LINE 32B	SCHEDULE M, LINE 32B THE ORGANIZATION USES VARIOUS BROKERAGE FIRMS TO SELL DONATED SECURITIES

Additional Data

Software ID:

Software Version:

EIN: 39-1500075

Name: CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (AUCTION/PRIZES)	X	381	154,884	FMV
Other ► (FOOD/BEVERAGES)	X	46	25,613	FMV
Other ► (SUPPLIES)	X	2	2,000	FMV
Other ► (RAFFLES)	X	23	3,299	FMV
Other ► (OTHER)	X	1	32,000	FMV

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Employer identification number
39-1500075

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BUSINESS RELATIONSHIPS EXIST BETWEEN THE FOLLOWING BOARD MEMBERS ALLEN AND ROTHMAN, AND G RENZ AND ROTHMAN FAMILY RELATIONSHIPS EXIST BETWEEN THE FOLLOWING BOARD MEMBERS G RENZ AND M A RENZ

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE ARTICLES OF INCORPORATION AND BYLAWS OF THE FOUNDATION WERE AMENDED IN 2010 AS PART OF A SYSTEM-WIDE RESTRUCTURING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS A SOLE CORPORATE MEMBER WHICH IS CHHS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		CHHS, THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, ELECTS THE ORGANIZATION'S GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE SOLE CORPORATE MEMBER, CHHS, HAS CERTAIN RESERVE POWERS OVER THE CORPORATION, INCLUDING AMENDMENT OF THE ARTICLES OF INCORPORATION AND BYLAWS, APPROVAL OF MERGER, CONSOLIDATION OR THE CREATION OF ANY SUBSIDIARIES BY THE CORPORATION, APPROVAL OF THE ANNUAL BUDGET AND ANY DEBT, AND SELECTION OF THE PRESIDENT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 OF CHHSF WAS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE OF CHHS AND PRIOR TO FILING, A COPY WAS MADE AVAILABLE TO ALL DIRECTORS OF CHHSF

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE TO THE CORPORATE VICE PRESIDENT AND GENERAL COUNSEL OF CHHS A LIST OF POTENTIAL CONFLICTS IS PREPARED AND IS AVAILABLE AT EACH BOARD AND COMMITTEE MEETING THE COMPLIANCE DEPARTMENT MONITORS AND PERIODICALLY REVIEWS TRANSACTIONS BETWEEN THE ORGANIZATION AND BOARD MEMBERS OR ENTITIES WITH WHICH THEY ARE AFFILIATED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE PRESIDENT, TREASURER, AND SECRETARY OF CHHSF WAS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF CHHS WITH THE ASSISTANCE OF AN INDEPENDENT COMPENSATION CONSULTANT AND INFORMATION FROM A VARIETY OF EXTERNAL SOURCES (AS INDICATED ON SCHEDULE J), THE COMMITTEE CONFIRMED THAT TOTAL COMPENSATION AMOUNTS TO BE PAID WERE REASONABLE AND COMPARABLE TO AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS THE PROCESS FOLLOWED BY THE COMMITTEE, INCLUDING THE DATA RELIED UPON AND THE COMMITTEE'S DECISIONS, WAS THOROUGHLY AND TIMELY DOCUMENTED COMPENSATION OF OTHER OFFICERS WAS SET BY SUPERVISORY EXECUTIVES IN CONSULTATION WITH CHHS HUMAN RESOURCES LEADERS THE PROCESS INVOLVED REVIEW BY INDEPENDENT PERSONS WHO CONFIRMED THAT TOTAL COMPENSATION AMOUNTS TO BE PAID WERE REASONABLE AND COMPARABLE TO AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS THE PROCESS AND DATA RELIED ON WERE THOROUGHLY AND TIMELY DOCUMENTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL INFORMATION OF CHHSF ARE AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST TO THE CHHS PUBLIC RELATIONS DEPARTMENT

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 34,823,815

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE R, PART V, LINE 1D	PURSUANT TO AN AMENDED AND RESTATED MASTER TRUST INDENTURE DATED MAY 1, 2004, CHW AND CHHSF ARE MEMBERS OF AN OBLIGATED GROUP WHICH JOINTLY AND SEVERALLY GUARANTEES CERTAIN DEBT ISSUED BY A MEMBER OF THE OBLIGATED GROUP THROUGH THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY PAYMENT OF SCHEDULED PRINCIPAL AND INTEREST IS SECURED BY A PLEDGE OF THE HOSPITAL'S AND FOUNDATION'S GROSS UNRESTRICTED RECEIPTS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Employer identification number
39-1500075

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI 53201 39-1500074	OPERATIONAL SUPPORT SERVICES	WI	501(C)(3)	LINE 3	N/A		No
(2) CHILDREN'S HOSPITAL OF WISCONSIN INC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI 53201 39-0812532	PEDIATRIC HOSPITAL	WI	501(C)(3)	LINE 3	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No
(3) CHILDREN'S MEDICAL GROUP INC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI 53201 39-1789197	PEDIATRIC PHYSICIAN SERVICES	WI	501(C)(3)	LINE 3	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No
(4) CHILDREN'S PHYSICIAN GROUP PC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI 53201 36-4303682	PEDIATRIC PHYSICIAN SERVICES	IL	501(C)(3)	LINE 9	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No
(5) CHILDREN'S SERVICE SOCIETY OF WISCONSIN 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI 53201 39-0806380	CHILD WELFARE SERVICES	WI	501(C)(3)	LINE 7	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No
(6) CHILDREN'S COMMUNITY HEALTH PLAN INC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI 53201 27-1494977	WISCONSIN MEDICAID HMO	WI	501(C)(3)	LINE 9	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) VIRTUAL PICU SYSTEMS LLC 401 WYTHE STREET SUITE 101 ALEXANDRIA, VA22314 20-1414664	QUALITY/OUTCOMES ANALYSIS	DE	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC	RELATED				No			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
(1) MED-HEALTH FINANCIAL SERVICES INC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI53201 39-1547907	COLLECTION SERVICES	WI	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC	C			

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

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

		Yes	No
1	During the tax year, did the orgranization 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	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 39-1500075
Name: CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI53201 39-1500074	OPERATIONAL SUPPORT SERVICES	WI	501(C)(3)	LINE 3	N/A		No
CHILDREN'S HOSPITAL OF WISCONSIN INC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI53201 39-0812532	PEDIATRIC HOSPITAL	WI	501(C)(3)	LINE 3	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No
CHILDREN'S MEDICAL GROUP INC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI53201 39-1789197	PEDIATRIC PHYSICIAN SERVICES	WI	501(C)(3)	LINE 3	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No
CHILDREN'S PHYSICIAN GROUP PC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI53201 36-4303682	PEDIATRIC PHYSICIAN SERVICES	IL	501(C)(3)	LINE 9	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No
CHILDREN'S SERVICE SOCIETY OF WISCONSIN 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI53201 39-0806380	CHILD WELFARE SERVICES	WI	501(C)(3)	LINE 7	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No
CHILDREN'S COMMUNITY HEALTH PLAN INC 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI53201 27-1494977	WISCONSIN MEDICAID HMO	WI	501(C)(3)	LINE 9	CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC		No