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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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CHILDREN'S HOSPITAL FOUNDATION	D Employer identification number 61-6027530
	Doing Business As	E Telephone number (502) 629-3409
	Number and street (or P O box if mail is not delivered to street address) 224 E BROADWAY - 5TH FLOOR	Room/suite
	City or town, state or country, and ZIP + 4 LOUISVILLE, KY 40202	
	F Name and address of principal officer STEPHEN A WILLIAMS 210 E GRAY STREET LOUISVILLE, KY 40202	
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NORTONHEALTHCARE.COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1962
		M State of legal domicile KY

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities CHILDREN'S HOSPITAL FOUNDATION RAISES FUNDS AND AWARDS GRANTS TO KOSAIR CHILDREN'S HOSPITAL																								
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>34</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>32</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>19</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,447</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	34	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	19	6 Total number of volunteers (estimate if necessary)	6	1,447	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						
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Revenue	<table><tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9 Program service revenue (Part VIII, line 2g)</td><td>8,842,185</td><td>10,205,908</td></tr><tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>0</td><td>0</td></tr><tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>-969,400</td><td>1,963,084</td></tr><tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>229,816</td><td>199,600</td></tr><tr><td></td><td>8,102,601</td><td>12,368,592</td></tr></table>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9 Program service revenue (Part VIII, line 2g)	8,842,185	10,205,908	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-969,400	1,963,084	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,816	199,600		8,102,601	12,368,592						
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>11,341,479</td><td>3,472,166</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>1,146,344</td><td>1,282,607</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>48,000</td><td>33,114</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25) ▶1,312,260</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</td><td>700,156</td><td>695,012</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>13,235,979</td><td>5,482,899</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>-5,133,378</td><td>6,885,693</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,341,479	3,472,166	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)	1,146,344	1,282,607	16a Professional fundraising fees (Part IX, column (A), line 11e)	48,000	33,114	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,312,260			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	700,156	695,012	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,235,979	5,482,899	19 Revenue less expenses Subtract line 18 from line 12	-5,133,378	6,885,693
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>61,174,439</td><td>71,884,394</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>2,785,570</td><td>2,636,682</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>58,388,869</td><td>69,247,712</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	61,174,439	71,884,394	21 Total liabilities (Part X, line 26)	2,785,570	2,636,682	22 Net assets or fund balances Subtract line 21 from line 20	58,388,869	69,247,712												
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Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2011-11-11 Date		
	MICHAEL W GOUGH TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ CROWE HORWATH LLP				Firm's EIN ▶
	Firm's address ▶ 9600 BROWNSBORO ROAD SUITE 400 LOUISVILLE, KY 40241				Phone no ▶ (502) 326-3996

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

THE MISSION OF THE CHILDREN'S HOSPITAL FOUNDATION IS TO ENHANCE PATIENT CARE BY GENERATING FUNDS AND FRIENDS FOR KOSAIR CHILDREN'S HOSPITAL, SUPPORTING NEEDS OF ITS PROGRAMS AND SERVICES OF EXCELLENCE IN HEALTH CARE IN THE AREAS OF CAPITAL EQUIPMENT, CLINICAL RESEARCH, CHILD ADVOCACY, AND HEALTH EDUCATION OF PATIENTS, PARENTS, PHYSICIANS, STAFF AND THE COMMUNITY

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 \$ 1,551,432 including grants of \$ 1,551,432) (Revenue \$)
	THE CHILDREN'S HOSPITAL FOUNDATION PROVIDES FUNDING FOR CAPITAL PROJECTS, IN ADDITION TO PROGRAMS, ADVOCACY, EDUCATION AND RESEARCH IN 2010, THE FOUNDATION FUNDED THE FOLLOWING CAPITAL PROJECTS *THE NEW KOSAIR CHILDREN'S MEDICAL CENTER - BROWNSBORO, FEATURING A MEDITATION GARDEN, PLAYGROUND AND FUN ZONES TO HELP EASE PATIENTS AND FAMILIES, PLUS THE GETWELL NETWORK, WHICH PROVIDES INTERACTIVE PROGRAMMING AND EDUCATION THROUGH TELEVISION UNITS* A NEW SURGICAL EPILEPSY PROGRAM AND SEIZURE MONITORING UNIT THAT BRINGS NEW TREATMENT OPTIONS FOR CHILDREN SUFFERING FROM SEIZURES* A NEW SYSTEM TO MORE EFFECTIVELY DIAGNOSE AND TREAT GASTROESOPHAGEAL REFLUX IN CHILDREN, A CONDITION THAT IF LEFT UNTREATED, CAN DAMAGE THE ESOPHAGUS OR CAUSE RECURRENT PNEUMONIA, VOMITING AND WEIGHT LOSS* NEW ELECTROCARDIOGRAM MONITORING EQUIPMENT THAT ALLOWS ANESTHESIOLOGISTS TO BETTER DETECT ARRHYTHMIAS DURING SURGERY AS WELL AS MONITOR CHILDREN'S AWARENESS* RENOVATION OF THE PLAY ROOM AND FAMILY RESOURCE CENTER FOR THE CANCER CARE AND RENAL CENTER TO GIVE PATIENTS AND THEIR FAMILIES A MORE HOME-LIKE ATMOSPHERE WHEN THEY ARE HOSPITALIZED FOR LONG PERIODS OF TIMEEQUIPMENT FUNDING TOTALED \$1,551,432 IN 2010

4b	(Code) (Expenses \$ 1,920,734 including grants of \$ 1,920,734) (Revenue \$)
	PROGRAMS AND SERVICESTHE CHILDREN'S HOSPITAL FOUNDATION IS COMMITTED TO HELPING AS MANY CHILDREN AS POSSIBLE LIVE LONGER, HEALTHIER LIVES AS THE PHILANTHROPIC ARM OF KOSAIR CHILDREN'S HOSPITAL, THE CHILDREN'S HOSPITAL FOUNDATION IS A FUND-RAISING AND GRANT MAKING ORGANIZATION THE FOUNDATION REACHES OUT TO SUPPORT THE HOSPITAL AND THE GROWING NUMBER OF CHILDREN WHO NEED HELP THE STAFF OF KOSAIR CHILDREN'S HOSPITAL, KENTUCKY'S ONLY FULL-SERVICE, FREE-STANDING CHILDREN'S HOSPITAL, IS WORKING HARD EVERY DAY TO CARE FOR MORE THAN 124,000 CHILDREN WHO NEED MEDICAL CARE EACH YEAR THE 263-BED HOSPITAL, WHICH SERVES AS THE PRIMARY TEACHING FACILITY FOR THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE DEPARTMENT OF PEDIATRICS THE FOUNDATION'S SUPPORT ALLOWS PEDIATRIC SERVICES TO CONTINUE TO RESPOND TO THE SPECIALIZED MEDICAL NEEDS OF CHILDREN FROM BIRTH TO AGE 18 DRAWING ON SUPPORT FROM THE COMMUNITY, THE CHILDREN'S HOSPITAL FOUNDATION REMAINS COMMITTED TO MEETING THE FACILITY, CLINICAL AND RESEARCH NEEDS OF KOSAIR CHILDREN'S HOSPITAL THE FOUNDATION IS STRENGTHENING SUPPORT OF THE HOSPITAL WHILE AT THE SAME TIME EXPANDING ITS ABILITY TO RAISE AWARENESS ABOUT THE WORK BEING DONE TO HELP CHILDREN THE FOUNDATION HAS EXPANDED PARTNERSHIPS WITH THE COMMUNITY AND ENHANCED THE HOSPITAL'S ABILITY TO SERVE ALL CHILDREN REGARDLESS OF THEIR FAMILIES' ABILITY TO PAY THE STRENGTH OF THE COMMUNITY'S SUPPORT OF THEN FOUNDATION AND THE VALUE OF THE WORK DONE TO SUPPORT THE HOSPITAL ARE SEEN THROUGH FUNDING AND SUPPORT OF PROJECTS THAT INCLUDE *A RENOVATED AND EXPANDED IMAGING CENTER*A RENOVATED AND EXPANDED NEONATAL INTENSIVE CARE UNIT (NICU)*AN EXPANDED PEDIATRIC ELECTROPHYSIOLOGY LAB*SUPPORT FOR PEDIATRIC CANCER CARE *A NEW PEDIATRIC TRANSPORT AMBULANCE, ALSO KNOWN AS THE "BABY BUGGY"*EQUIPMENT FOR THE KOSAIR CHILDREN'S HOSPITAL TELE-ECHO PROJECT*THE CHILDREN'S HOSPITAL FOUNDATION OFFICE OF CHILD ADVOCACY OF KOSAIR CHILDREN'S HOSPITAL*PEDIATRIC BEREAVEMENT CARE AND ASSISTANCE WITH FUNERAL AND BURIAL EXPENSES*CONTINUATION OF SAFETY CITY, A PROGRAM FOR AREA SECOND GRADE STUDENTS THAT TEACHES BICYCLE, PEDESTRIAN, SCHOOL BUS, STRANGER-DANGER AND TRAFFIC SAFETY*CHILD LIFE, EXPRESSIVE THERAPY AND MUSIC THERAPY PROGRAMS*CANCER CARE AND RENAL CENTER PROGRAMS*ENDOWED RESEARCH CHAIRS IN PEDIATRIC HEMATOLOGY, ONCOLOGY, SLEEP MEDICINE AND ENDOCRINOLOGY*PASTORAL CAREMANY FAMILIES FIND THEY HAVE NEVER NEEDED THEIR FAITH LIKE THEY DO WHEN THEIR CHILD IS ILL OR INJURED AND COMES TO KOSAIR CHILDREN'S HOSPITAL TO HELP THESE FAMILIES, CHAPLAINS UTILIZE THE UNIQUE SKILLS AND RESOURCES OF THE PASTORAL OFFICE TO ASSIST, COMFORT AND COUNSEL WITH WITH FAMILIES DURING DIFFICULT TIMES CHAPLAINS OFFER SUPPORT TO THOSE OF ALL FAITHS AS WELL AS THOSE WHO PRACTICE NO FORMAL RELIGION THE CHAPLAINS ALSO SERVE AS LIAISONS WITH HOSPITAL STAFF, OFTEN ASSISTING IN COMMUNICATION, SUCH AS WHEN A CHILD HAS BEEN BROUGHT TO THE EMERGENCY DEPARTMENT FOR TRAUMA CARE FOR MANY,THE CHAPLAINS BECOME A STRONG SOURCE OF SUPPORT, GUIDANCE AND FRIENDSHIP IN THE EVENT OF THE DEATH OF A CHILD, THE PASTORAL CARE DEPARTMENT TAKES AN ACTIVE ROLE IN HELPING FAMILIES AND FRIENDS THROUGH THE GRIEVING PROCESS A UNIQUE PROGRAM TEACHES THE FAMILY'S SUPPORT NETWORK HOW IT CAN BE HELPFUL TO THE GRIEVING FAMILY AND HOW TO BE LESS ANXIOUS THEMSELVES THE CHILDREN'S HOSPITAL FOUNDATION PROVIDES FUNDING FOR SEVERAL CHAPLAINS, AS WELL AS THE BEREAVEMENT PROGRAM, WHICH INCLUDES AN EDUCATIONAL COMPONENT FOR BEREAVED PARENTS' SUPPORT NETWORK IN 2010, FUNDING TOTALED \$153,000 *CHILDREN'S HOSPITAL FOUNDATION OFFICE OF CHILD ADVOCACYKEEPING KIDS SAFE AND OUT OF THE HOSPITAL IS A DRIVING FORCE BEHIND THE CHILDREN'S HOSPITAL FOUNDATION OFFICE OF CHILD ADVOCACY OF KOSAIR CHILDREN'S HOSPITAL SUPPORT OF THE CHILDREN'S HOSPITAL FOUNDATION OFFICE OF CHILD ADVOCACY TOTALED \$394,000 IN 2010 STAFF MEMBERS ADVOCATE FOR CHILDREN BY LEADING SAFE KIDS LOUISVILLE AND JEFFERSON COUNTY, COORDINATING ACTIVITIES OF SAFETY VOLUNTEERS FROM VARIOUS AGENCIES THROUGHOUT THE REGION

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

4d



















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses➤\$ 3,472,166
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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, line 10? 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 Yes	
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 Yes	
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 Yes	
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 Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	62
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	2
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	19
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
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	34		
b	Enter the number of voting members included in line 1a, above, who are independent	32		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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▶KY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ HELENA SCHULZ 224 E BROADWAY LOUISVILLE, KY 402022025 (502) 629-8263

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

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

Form **990** (2010)

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)								653,928	5,221,499	1,059,713

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▶3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
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 ▶0		

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			
	b	Membership dues	1b			
	c	Fundraising events	1c	548,222		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	370,653		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,287,033		
	g	Noncash contributions included in lines 1a-1f \$		718,136		
	h	Total. Add lines 1a-1f		10,205,908		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,272,821	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)			690,263	690,263
8a		Gross income from fundraising events (not including \$ 548,222 of contributions reported on line 1c) See Part IV, line 18	a	511,630		
b		Less direct expenses	b	491,813		
c		Net income or (loss) from fundraising events . . .		19,817		19,817
9a		Gross income from gaming activities See Part IV, line 19 . . .	a	146,974		
b		Less direct expenses	b	34,103		
c		Net income or (loss) from gaming activities . . .		112,871		112,871
10a		Gross sales of inventory, less returns and allowances	a	195,494		
b		Less cost of goods sold	b	128,582		
c		Net income or (loss) from sales of inventory . . .		66,912		66,912
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		12,368,592	0	0	2,162,684

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	3,300,880	3,300,880		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	171,286	171,286		
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	391,947		156,779	235,168
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	739,329		295,732	443,597
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,408		10,563	15,845
9	Other employee benefits	64,111		25,644	38,467
10	Payroll taxes	60,812		24,325	36,487
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	33,114			33,114
f	Investment management fees	106,011		106,011	
g	Other	333,024			333,024
12	Advertising and promotion	100,524			100,524
13	Office expenses	25,783		10,313	15,470
14	Information technology				
15	Royalties				
16	Occupancy	44,214		17,686	26,528
17	Travel	11,293		4,517	6,776
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,146		3,658	5,488
20	Interest	1,542		617	925
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,719		2,688	4,031
23	Insurance				
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	BAD DEBT	28,727		28,727	
b	DUES AND SUBSCRIPTIONS	13,407		5,363	8,044
c	EQUIPMENT RENT	8,530		3,412	5,118
d	MISCELLANEOUS	6,092		2,438	3,654
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,482,899	3,472,166	698,473	1,312,260
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			9,265	1	120,902
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			8,027,504	3	8,839,396
	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			21,933	8	25,446
	9	Prepaid expenses and deferred charges			9,503	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	487,542			
	b	Less: accumulated depreciation	10b	445,415	51,039	10c	42,127
	11	Investments—publicly traded securities			26,685,125	11	33,023,875
	12	Investments—other securities. See Part IV, line 11			14,338,182	12	16,600,350
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			12,031,888	15	13,232,298
16	Total assets. Add lines 1 through 15 (must equal line 34)			61,174,439	16	71,884,394	
Liabilities	17	Accounts payable and accrued expenses			369,498	17	352,579
	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			2,416,072	25	2,284,103
	26	Total liabilities. Add lines 17 through 25			2,785,570	26	2,636,682
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			21,828,161	27	26,494,597
	28	Temporarily restricted net assets			19,240,205	28	24,395,666
	29	Permanently restricted net assets			17,320,503	29	18,357,449
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			58,388,869	33	69,247,712
	34	Total liabilities and net assets/fund balances			61,174,439	34	71,884,394

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,368,592
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,482,899
3	Revenue less expenses Subtract line 2 from line 1	3	6,885,693
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,388,869
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,973,150
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	69,247,712

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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
THE CHILDREN'S HOSPITAL FOUNDATION

Employer identification number
61-6027530

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in 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.")	7,129,476	11,095,045	9,822,077	8,842,185	10,205,908	47,094,691
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	7,129,476	11,095,045	9,822,077	8,842,185	10,205,908	47,094,691
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)						3,765,224
6 Public Support. Subtract line 5 from line 4						43,329,467

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	7,129,476	11,095,045	9,822,077	8,842,185	10,205,908	47,094,691
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,244,391	1,055,835	1,596,879	1,407,449	1,272,821	6,577,375
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)	583,274	723,118	791,458	760,437	854,098	3,712,385
11 Total support (Add lines 7 through 10)						57,384,451
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	75 510 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	76 070 %
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 section 501(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

Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME GROSS INCOME FROM FUNDRAISING EVENTS GROSS INCOME FROM GAMING ACTIVITIES GROSS INCOME FROM SALES OF INVENTORY

Additional Data

Software ID:

Software Version:

EIN: 61-6027530

Name: THE CHILDREN'S HOSPITAL FOUNDATION

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			
TONII RIZZO IMMEDIATE PAST CHAIR	2 00	X		X				0	0	0
WILLIAM EHRIG BOARD CHAIR	6 00	X		X				0	0	0
PAUL OBERST BOARD TREASURER	2 00	X		X				0	0	0
JONATHAN E DUBINS BOARD SECRETARY	2 00	X		X				0	0	0
DOUG YORK BOARD VICE CHAIR	2 00	X		X				0	0	0
HOYT ALMOND TRUSTEE	1 00	X						0	0	0
SARAH BARKER BROWN TRUSTEE	1 00	X						0	0	0
DAVID BURIANEK TRUSTEE	1 00	X						0	0	0
JACKIE CAIN TRUSTEE EX-OFFICIO	1 00	X						0	0	0
BRANNON DIXON TRUSTEE	1 00	X						0	0	0
BRUCE DUDLEY TRUSTEE	1 00	X						0	0	0
ROBERT EVANS TRUSTEE	1 00	X						0	0	0
STEVE FORD TRUSTEE	1 00	X						0	0	0
AMY GARLOVE MD TRUSTEE	1 00	X						0	0	0
HEATHER HART TRUSTEE	1 00	X						0	0	0
KEITH JOHNSON TRUSTEE	1 00	X						0	0	0
KAREN L KEITH TRUSTEE	1 00	X						0	0	0
THOMAS KMETZ HOSPITAL PRESIDENT TRUSTEE EX-OFFICIO	1 00	X						0	612,104	126,388
JIM LACY TRUSTEE	1 00	X						0	0	0
WAYNE MORTENSON DMD TRUSTEE	1 00	X						0	0	0
NICOLE MOSELEY TRUSTEE	1 00	X						0	0	0
SEAN MULDOON TRUSTEE	1 00	X						0	0	0
LINDA ROBERTS TRUSTEE EX-OFFICIO	1 00	X						0	0	0
ERNEST A SAMPSON TRUSTEE	1 00	X						0	0	0
ROGER D SHANNON TRUSTEE	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			
CINDI SHRADER TRUSTEE	1 00	X						0	0	0
ALYCE WEIXLER TRUSTEE	1 00	X						0	0	0
RICHARD S WOLF MD TRUSTEE	1 00	X						0	0	0
EDDIE SMITH TRUSTEE	1 00	X						0	0	0
RONALD OLIVER VP - MISSION & OUTREACH	1 00	X						0	98,593	51,471
PETER TEVEBAUGH TRUSTEE	1 00	X						0	0	0
LANCE TUCKER TRUSTEE	1 00	X						0	0	0
DEBBIE WARD TRUSTEE	1 00	X						0	0	0
MARITA WILLIS TRUSTEE	1 00	X						0	0	0
STEPHEN A WILLIAMS PRESIDENT	1 00			X				0	1,908,292	298,109
RUSSELL F COX VICE PRESIDENT	1 00			X				0	1,087,174	199,165
MICHAEL W GOUGH TREASURER	1 00			X				0	918,325	170,550
ROBERT B AZAR SECRETARY	1 00			X				0	483,151	86,735
MARY LYNN MEYER VP AND CDO	35 00				X			393,845	48,000	84,966
TODD SCHMIEDELER AVP - PHILANTHROPY	35 00					X		155,624	28,722	24,101
LESLIE SMART DIRECTOR OF MAJOR GIFTS	40 00					X		104,459	0	17,667
CHARLOTTE THARP FORMER VP MISSION & OUTREACH	1 00						X	0	37,138	561

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE CHILDREN'S HOSPITAL FOUNDATION	Employer identification number 61-6027530
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	5,233,333	2,014,868	2,388,882		
b Contributions	103,754	2,964,696	274,795		
c Investment earnings or losses	450,505	331,643	-648,809		
d Grants or scholarships					
e Other expenditures for facilities and programs	54,738	77,874			
f Administrative expenses					
g End of year balance	5,732,854	5,233,333	2,014,868		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		48,764	28,932	19,832
c Leasehold improvements				
d Equipment		438,778	416,483	22,295
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				42,127

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	112,368,592
2	Total expenses (Form 990, Part IX, column (A), line 25)	25,482,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	36,885,693
4	Net unrealized gains (losses) on investments	42,053,844
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	81,919,306
9	Total adjustments (net) Add lines 4 - 8	93,973,150
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1010,858,843

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	112,882,976
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d620,395	
e	Add lines 2a through 2d	2e620,395
3	Subtract line 2e from line 1	312,262,581
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 7b4a106,011	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	512,368,592

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	15,997,283
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d620,395	
e	Add lines 2a through 2d	2e620,395
3	Subtract line 2e from line 1	35,376,888
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 7b4a106,011	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	55,482,899

Part XIVSupplemental 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	THE FOUNDATION UTILIZES INCOME GENERATED FROM ITS ENDOWMENT FUNDS TO SUPPORT VARIOUS PROGRAMS AND SERVICES AND CAPITAL PROJECTS FOR THE BENEFIT OF KOSAIR CHILDREN'S HOSPITAL
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NORTON HEALTHCARE, INC. AND AFFILIATES (NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, NORTON ENTERPRISES, INC., NORTON HEALTHCARE FOUNDATION, INC., NORTON PROPERTIES, INC., THE CHILDREN'S HOSPITAL FOUNDATION) COMPLETED AN ANALYSIS OF ITS TAX POSITION AT DECEMBER 31, 2010 AND 2009, AND DETERMINED THAT NO MATERIAL AMOUNTS WERE REQUIRED TO BE RECOGNIZED UNDER ACCOUNTING STANDARDS CODIFICATION 740, INCOME TAXES, IN THE COMBINED FINANCIAL STATEMENTS AT DECEMBER 31, 2010 AND 2009.
		PART X - OTHER LIABILITIES REFUNDABLE ADVANCES OF \$2,284,103 REPRESENT ASSETS TRANSFERRED FROM THE NORTON HEALTHCARE COMMUNITY TRUST FUND TO THE FOUNDATION DURING 2004 TO BENEFIT THE FOLLOWING PROGRAMS AT THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE: RESEARCH FOR PEDIATRIC SLEEP DISORDERS \$1,000,000; PEDIATRIC ONCOLOGY ENDOWED CHAIR 1,000,000; PEDIATRIC SUBSPECIALTY FELLOWSHIP PROGRAM 284,103. TOTAL REFUNDABLE ADVANCES \$2,284,103. THE PRINCIPAL OF EACH FUND IS RESTRICTED FOR THE PEDIATRIC SLEEP DISORDER AND ONCOLOGY ENDOWED CHAIR FUNDS, IF EVER THE RESTRICTED PURPOSE CAN NO LONGER BE ACCOMPLISHED, DISTRIBUTIONS MAY BE USED FOR OTHER PURPOSES SO LONG AS THE PURPOSE FULFILLS THE REQUIREMENTS OF THE RESEARCH CHALLENGE TRUST FUND. OTHERWISE, THE PRINCIPAL SHALL IMMEDIATELY REVERT TO THE NORTON HEALTHCARE COMMUNITY TRUST FUND. FOR THE SUBSPECIALTY FELLOWSHIP PROGRAM, THE FUNDS WILL BE RETURNED TO THE COMMUNITY TRUST FUND FROM THE CHILDREN'S HOSPITAL FOUNDATION CAPITAL CAMPAIGN FOR KOSAIR CHILDREN'S HOSPITAL WHEN FUNDS ARE AVAILABLE. THE ENDOCRINOLOGY FELLOWSHIP PROGRAM FUND IS FOR THREE YEARS, AND IS TERMINABLE AT SUCH TIME WITHOUT A NEW AGREEMENT. AT THIS TIME, THE FUNDS WOULD BE RETURNED TO THE NORTON HEALTHCARE COMMUNITY TRUST FUND. PART XI - LINE 8: OTHER ADJUSTMENTS: AFFILIATE TRANSFER 182,721; CHANGE IN BENEFICIAL INTEREST IN TRUST HELD BY OTHERS 845,469; CHANGE IN FAIR VALUE OF ALTERNATIVE INVESTMENTS 891,116. PART XII - LINE 2D: OTHER ADJUSTMENTS: SPECIAL EVENT COSTS 491,813. COST OF GOODS SOLD 128,582. PART XIII - LINE 2D: OTHER ADJUSTMENTS: SPECIAL EVENT COSTS 491,813. COST OF GOODS SOLD 128,582.

SCHEDULE G
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION

Employer identification number
61-6027530

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

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☐

In-person solicitations

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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SHEWMAKER CONSULTING 2632 BYRON AVENUE LOUISVILLE, KY 40205	CMN FUNDRAISING		No	317,043	33,114	283,929
Total ▶				317,043	33,114	283,929

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.

KY, IN

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	(b) Event #2	(c) Other Events	(d) Total Events	
		<u>GOLF OUTING</u> (event type)	<u>FESTIVAL OF TREES AND LIGHTS</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))	
Revenue	1	Gross receipts	410,534	434,283	215,035	1,059,852
	2	Less Charitable contributions	310,803	175,748	61,671	548,222
	3	Gross income (line 1 minus line 2)	99,731	258,535	153,364	511,630
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs		6,390	8,918	15,308
	7	Food and beverages	6,266	134,047	69,152	209,465
	8	Entertainment		7,000		7,000
	9	Other direct expenses	92,400	97,105	70,535	260,040
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				491,813
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				19,817

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue			146,974	146,974
Direct Expenses	2 Cash prizes			30,000	30,000
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			4,103	4,103
	6 Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input checked="" type="checkbox"/> 100 000 %</div><div><input type="checkbox"/> Yes 100 000 %</div><div><input type="checkbox"/> No</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				34,103
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				112,871

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

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 DEBORAH L HELD FINANCE DIRECTOR

Address 224 E BROADWAY ST FIFTH FLOOR
LOUISVILLE, KY 40202

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 NA

Gaming manager compensation \$

Description of services provided SERVICES PERFORMED BY THE FOUNDATION STAFF INCLUDE ANNUAL LICENSE RENEWALS AND REPORTING TO THE GAMING COMMISSION, MANAGING THE SALE OF RAFFLE TICKETS, PRIZES AWARDED AND MARKETING OF RAFFLES CONDUCTED SERVICES PROVIDE BY THE ACCOUNTING DEPARTMENT INCLUDE MAINTAINING BOOKS AND RECORDS, MAKING DEPOSITS INTO THE CHARITABLE GAMING BANK ACCOUNT, PROCESSING DISBURSEMENT FOR GAMING EXPENSES AND PREPARING QUARTERLY FINANCIAL REPORTING TO THE GAMING COMMISSION

☐ 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
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE FOUNDATION HAS ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT WITH SHEWMAKER CONSULTING THE FOUNDATION MAKES A MONTHLY PAYMENT TO THE CONSULTING FIRM AS COMPENSATION FOR SERVICES PROVIDED FOR CHILDREN'S MIRACLE NETWORK (CMN) FUNDRAISING THE CONSULTANT MAINTAINS THE RELATIONSHIP WITH CMN, BUILDS AND MAINTAINS RELATIONSHIPS WITH SPONSORS AND MEDIA REPRESENTATIVES, COORDINATES RECOGNITION FOR SPONSORS AND DONORS, DEVELOPS STRATEGIC PLANNING FOR OUTREACH EFFORTS AND COORDINATES THE CMN RADIOTHON EVENT

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION

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

Employer identification number
61-6027530

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) KOSAIR CHILDREN'S HOSPITAL231 E CHESTNUT STREET LOUISVILLE, KY 40202	61-0703799	501(C)(3)	3,035,900		N/A		FUNDING OF CAPITAL PROJECTS, PROGRAMS AND SERVICES
(2) U OF L FOUNDATION DEPT OF PEDIATRICS571 S FLOYD STREET STE 300 LOUISVILLE, KY 40202	23-7078461	501(C)(3)	103,057		N/A		FUNDING OF MEDICAL RESEARCH AND EDUCATION
(3) NORTON HEALTHCARE INC224 E BROADWAY STREET LOUISVILLE, KY 40202	61-6027530	501(C)(3)	161,923		N/A		FUNDING OF PROGRAMS AND SERVICES

2

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

▶ 3

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
(1) FINANCIAL SUPPORT TO PATIENTS WHO CANNOT AFFORD MEDICAL CARE	55	171,286			

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 ALL GRANT APPLICANTS ARE REQUIRED TO SUBMIT A GRANT APPLICATION TO THE FOUNDATION MANAGER OF FUNDS AND ESTATES THE GRANT IS REVIEWED BY FOUNDATION MANAGEMENT AND THEN SENT TO THE FINANCE AND GRANTS COMMITTEE FOR REVIEW AND APPROVAL SELECTION CRITERIA INCLUDES APPROPRIATENESS OF THE REQUEST, LEVEL OF NEED AND WHETHER THE REQUEST IS IN ALIGNMENT WITH THE FOUNDATION'S GOALS AND OBJECTIVES UPON APPROVAL, THE GRANT IS ENTERED INTO THE GRANT DATABASE AND THE FINANCIAL SYSTEM THE FOUNDATION OFFICE REQUIRES THAT A PROGRESS REPORT BE SUBMITTED MIDWAY THROUGH THE PROJECT, AND A FINAL REPORT IS REQUIRED AT THE END OF THE PROJECT FOR WHICH FUNDING IS RECEIVED GRANT REPORT DEADLINES AND GUIDELINES THAT EXPLAIN WHAT TO INCLUDE IN REPORTS WILL BE SENT TO THE PROJECT DIRECTOR/GRANTEE UPON GRANT AWARD NOTIFICATION GRANT REPORTS MUST INCLUDE AN ACCOUNTING OF FUNDS EXPENDED AND ENCUMBERED, INCLUDING SUPPORTING DOCUMENTATION GRANT RECIPIENTS WHO FAIL TO SUBMIT REPORTS OR ACCOUNT FOR THE EXPENSE OF GRANT FUNDS WILL NOT BE ALLOWED TO APPLY FOR FUTURE FUNDING UNTIL THE REPORTING REQUIREMENTS ARE MET

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE CHILDREN'S HOSPITAL FOUNDATION

Employer identification number

61-6027530

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	No
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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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) THOMAS KMETZ	(i)	0	0	0	0	0	0	0
	(ii)	402,344	117,961	91,799	101,606	24,782	738,492	55,632
(2) RONALD OLIVER	(i)	0	0	0	0	0	0	0
	(ii)	96,868	0	1,725	29,658	21,813	150,064	0
(3) STEPHEN A WILLIAMS	(i)	0	0	0	0	0	0	0
	(ii)	922,287	517,078	468,927	277,463	20,646	2,206,401	0
(4) RUSSELL F COX	(i)	0	0	0	0	0	0	0
	(ii)	690,430	241,507	155,237	172,291	26,874	1,286,339	0
(5) MICHAEL W GOUGH	(i)	0	0	0	0	0	0	0
	(ii)	599,288	203,578	115,459	145,308	25,242	1,088,875	0
(6) ROBERT B AZAR	(i)	0	0	0	0	0	0	0
	(ii)	260,914	101,412	120,825	77,943	8,792	569,886	0
(7) MARY LYNN MEYER	(i)	229,325	81,136	83,384	70,217	14,749	478,811	64,460
	(ii)	48,000	0	0	0	0	48,000	0
(8) TODD SCHMIEDELER	(i)	114,888	28,177	12,559	10,188	13,913	179,725	12,311
	(ii)	28,722	0	0	0	0	28,722	0
(9) CHARLOTTE THARP	(i)	0	0	0	0	0	0	0
	(ii)	16,107	0	21,031	0	561	37,699	6,672
(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	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE TREATED AS TAXABLE COMPENSATION TO THE INTERESTED PERSONS LISTED BELOW AT TIME OF PAYMENT. PAYMENTS ARE IN ACCORDANCE WITH THE EXISTING COMPENSATION POLICY. GROSS-UP PAYMENTS SHALL BE MADE ONLY WHEN SPECIFIED IN AN EMPLOYEE'S EMPLOYMENT CONTRACT, OR AS APPROVED IN WRITING BY THE PRESIDENT AND CEO OF NORTON HEALTHCARE, EXECUTIVE VICE PRESIDENT OR CFO. DURING 2010, GROSS-UP PAYMENTS WERE PROCESSED AS OUTLINED IN THE EMPLOYMENT CONTRACT FOR THE CEO. SEE NARRATIVE PROVIDED IN SCHEDULE O, REFERENCING PART VI, LINE 15, WHICH DESCRIBES THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES OF THE ORGANIZATION. STEPHEN A. WILLIAMS: THE TOTAL TAX GROSS-UP BENEFITS INCLUDED IN TAXABLE COMPENSATION FOR MR. WILLIAMS ARE \$129,637. THE TAX GROSS-UPS ARE RELATED TO THE BENEFIT OUTLINED BELOW: ANNUITY - THE TAX GROSS-UP ASSOCIATED WITH THE ANNUITY BENEFIT IS \$129,637. THIS PURCHASED ANNUITY REPRESENTS ACCUMULATED BENEFITS EARNED IN PRIOR YEARS RELATED TO A NON-QUALIFIED DEFINED BENEFIT PENSION RESTORATION PLAN IN EFFECT SINCE 1990. CONTRIBUTIONS TO THIS PLAN WERE MADE IN 2005, 2006, 2007, 2008, 2009 AND 2010. INCLUDED IN MR. WILLIAMS' COMPENSATION IN 2010 IS \$252,772, WHICH IS THE COST OF THE PURCHASED ANNUITY. THE TOTAL COST OF THE PURCHASED ANNUITY AND THE ASSOCIATED TAX GROSS-UP IS \$382,409, WHICH WAS INCLUDED IN TAXABLE COMPENSATION. DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE EXECUTIVES, EFFECTIVE OCTOBER 1, 2007. NORTON HEALTHCARE PROVIDES BENEFITS TO ITS IDENTIFIED EXECUTIVE STAFF TO PROVIDE A TOTAL COMPENSATION PACKAGE THAT IS COMPETITIVE WITH THE MARKET AND WHICH CONFORMS TO THE PHILOSOPHY AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES, THROUGH THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS. THROUGH THE DISCRETIONARY SPENDING ACCOUNT POLICY, EXECUTIVES ARE FREE TO CHOOSE WHATEVER BENEFITS THEY FIND MOST USEFUL OR IMPORTANT TO THEM AND NORTON HEALTHCARE DOES NOT REIMBURSE FOR THE COST OF THOSE BENEFITS, AS THEY ARE PART OF THE DISCRETIONARY SPENDING ACCOUNT. THE INTERESTED PERSONS LISTED BELOW RECEIVED THE BENEFIT OF A DISCRETIONARY SPENDING ACCOUNT IN 2010: STEPHEN A. WILLIAMS \$58,789; RUSSELL F. COX 59,434; MICHAEL W. GOUGH 52,208; ROBERT B. AZAR 17,500; MARY LYNN MEYER 17,500; THOMAS KMETZ 17,500.
	PART I, LINE 4B	THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F). THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS: THE EXECU-FLEX BENEFIT PLAN, THE EXECU-PLUS BENEFIT PLAN, DEFINED BENEFIT AND DEFINED CONTRIBUTION RESTORATION PLANS, AND THE PHYSICIAN DEFERRED PLAN. THE "PAY CREDIT" COLUMN REPRESENTS A REASONABLE ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE OF THE PLANS, AND THEREFORE, REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO THE VALUE OF THE BENEFITS. THE "PAYMENTS RECEIVED" COLUMN REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2010 AND CAN BE COMPRISED OF PRIOR YEARS' EMPLOYEE AND EMPLOYER CONTRIBUTIONS. PARTICIPANTS' NAME PAY CREDIT PAYMENTS RECEIVED STEPHEN A. WILLIAMS \$252,963 \$0 RUSSELL F. COX 155,141 0 MICHAEL W. GOUGH 128,158 0 ROBERT B. AZAR 63,243 0 MARY LYNN MEYER 53,067 64,460 TODD SCHMIEDELER 12,311 THOMAS KMETZ 84,456 55,632 CHARLOTTE THARP 0 6,672 RONALD C. OLIVER 16,200 0.

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
THE CHILDREN'S HOSPITAL FOUNDATION

Employer identification number
61-6027530

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	8	718,136	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
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 ► ()				
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	
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?				Yes 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?				No
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
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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 THE CHILDREN'S HOSPITAL FOUNDATION	Employer identification number 61-6027530
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		NORTON HEALTHCARE, INC EIN 61-1028725 IS THE SOLE MEMBER OF THE CHILDREN'S HOSPITAL FOUNDATION, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		AN ELECTRONIC COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES) WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY ON OCTOBER 6, 2011, PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	990, PART VI, LN 12C THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY ANNUALLY DISTRIBUTING A QUESTIONNAIRE THAT REQUIRES OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES TO DISCLOSE INTERESTS THAT MAY GIVE RISE TO CONFLICTS IF A CONFLICT ARISES, THE POLICY PROVIDES PROCEDURES FOR ADDRESSING CONFLICTS TO ENSURE DECISIONS ARE MADE IN THE BEST INTEREST OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>990, PART VI, SECTION B, LINE 15 THE ORGANIZATION TAKES ALL NECESSARY STEPS TO ENSURE THAT ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE COMPENSATED WITHIN APPROPRIATE LEVELS FOR THE SERVICES PROVIDED TO THE ORGANIZATION THE ORGANIZATION PROVIDES A TOTAL COMPENSATION PACKAGE THAT IS COMPETITIVE WITH THE MARKET AND WHICH CONFORMS TO THE PHILOSOPHY AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES NORTON HEALTHCARE INC (NHI) ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES (IHS), TO PREPARE COMPENSATION ANALYSIS UTILIZING DATA FROM SIMILAR-SIZED HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS IN ADDITION, THE ORGANIZATION PARTICIPATES IN THIRD PARTY SURVEYS WHICH PROVIDE AGGREGATE, COMPARATIVE COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES IN SIMILAR-TYPE POSITIONS IHS CONSULTANTS MET IN 2009 WITH THE COMMITTEE OF BOARD LEADERSHIP (NOW EXECUTIVE COMMITTEE) OF THE BOARD OF TRUSTEES (BOARD) CONCERNING EXECUTIVE COMPENSATION AND BENEFITS PROGRAM FOR NHI EXECUTIVES AND TOTAL COMPENSATION FOR THE CEO THE CONSULTANTS REVIEWED SOURCES OF COMPARABILITY DATA AND MARKET MOVEMENT COMPARISONS NHI'S VARIABLE COMPENSATION PROGRAM WAS REVIEWED ALONG WITH BENCHMARK COMPARISONS BASED ON THE RECOMMENDATIONS OF IHS, EMPLOYMENT CONTRACTS FOR THE CEO, COO AND CFO WERE SUBSEQUENTLY COMPLETED AND APPROVED BY THE BOARD THE EXECUTIVE COMMITTEE ALSO REVIEWED AND APPROVED ALL KEY EMPLOYEE COMPENSATION BASED ON THE THIRD-PARTY REPORT FURNISHED AND DISCUSSED WITH COMMITTEE MEMBERS, AND SUBSEQUENTLY APPROVED BY THE BOARD</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,053,844 AFFILIATE TRANSFER 182,721 CHANGE IN BENEFICIAL INTEREST IN TRUST HELD BY OTHERS 845,469 CHANGE IN UNREALIZED GAINS AND LOSSES ON ALTERNATIVE INVESTMENTS 891,116 TOTAL TO FORM 990, PART XI, LINE 5 3,973,150

Identifier	Return Reference	Explanation
		FORM 990, PART I, LINE 5, PART V LINE 2 NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR THE CHILDREN'S HOSPITAL FOUNDATION THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON HEALTHCARE, INC ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION THE CHILDREN'S HOSPITAL FOUNDATION HAS APPROXIMATELY 19 EMPLOYEES

Identifier	Return Reference	Explanation
		FORM 990, PART V, LN 1B NORTON HEALTHCARE, INC , AS THE COMMON PAYING AGENT, FILED A FORM W-2G ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION

Identifier	Return Reference	Explanation
		FORM 990, PART V, LN 1, AND PART VII, SECTION B, LN 1 AND LN 2 NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR THE CHILDREN'S HOSPITAL FOUNDATION AND THEREFORE, ALL INDEPENDENT CONTRACTORS ARE PAID BY NORTON HEALTHCARE, INC ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION FOR PURPOSE OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2010 BY NORTON HEALTHCARE, INC FOR THE CHILDREN'S HOSPITAL FOUNDATION WAS APPROXIMATELY 62 THE CHILDREN'S HOSPITAL FOUNDATION HAD NO INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2010

Identifier	Return Reference	Explanation
		FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B AVERAGE HOURS PER WEEK FOR OFFICERS THE INTERESTED PERSONS LISTED BELOW ARE OFFICERS FOR NORTON HEALTHCARE, INC , AND AFFILIATES, WHICH INCLUDES NORTON HEALTHCARE, INC (NHI), NORTON HOSPITALS, INC , (HOSP), COMMUNITY MEDICAL ASSOCIATES, INC , (CMA), NORTON PROPERTIES, INC , (PROP), NORTON HEALTHCARE FOUNDATION, INC (NHF), AND THE CHILDREN'S HOSPITAL FOUNDATION (CHF) ESTIMATED BELOW ARE THE AVERAGE HOURS PER WEEK DEVOTED TO EACH ORGANIZATION DURING 2010 NHI HOSP CMA PROP NHF CHF TOTAL STEPHEN A WILLIAMS 30 10 6 2 1 1 50 RUSSELL F COX 30 10 6 2 1 1 50 MICHAEL W GOUGH 30 10 6 2 1 1 50 ROBERT B AZAR 30 10 6 2 1 1 50

Identifier	Return Reference	Explanation
		FORM 990, PART XII, LINE 3A AND 3B AS REQUIRED BY THE U S OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133, AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFITS ORGANIZATIONS, IN 2010 NORTON HEALTHCARE, INC AND AFFILIATES (NORTON HOSPITALS, INC COMMUNITY MEDICAL ASSOCIATES, INC , NORTON ENTERPRISES, INC , NORTON HEALTHCARE FOUNDATION, INC , NORTON PROPERTIES, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION) RECEIVED AN AUDIT IN ACCORDANCE WITH SINGLE AUDIT ACT

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
THE CHILDREN'S HOSPITAL FOUNDATION

Employer identification number
61-6027530

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) NORTON HEALTHCARE INC 224 E BROADWAY FIFTH FLOOR LOUISVILLE, KY 40202 61-1028725	PROVIDE ADMINISTRATIVE AND SUPPORT SERVICES	KY	501(C)(3)	11B (TYPE II)	N/A		No
(2) NORTON HOSPITALS INC 224 E BROADWAY FIFTH FLOOR LOUISVILLE, KY 40202 61-0703799	PROVIDE HOSPITAL SERVICES	KY	501(C)(3)	3	NHI		No
(3) COMMUNITY MEDICAL ASSOCIATES INC 224 E BROADWAY FIFTH FLOOR LOUISVILLE, KY 40202 61-1276316	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)(3)	9	NHI		No
(4) NORTON PROPERTIES INC 224 E BROADWAY FIFTH FLOOR LOUISVILLE, KY 40202 61-1028724	MAINTAINS OFFICE AND PARKING FACILITIES	KY	501(C)(3)	11A (TYPE I)	NHI		No
(5) NORTON HEALTHCARE FOUNDATION INC 224 E BROADWAY FIFTH FLOOR LOUISVILLE, KY 40202 31-0914919	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NHI		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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

Yes

Yes

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

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

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return THE CHILDREN'S HOSPITAL FOUNDATION	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 61-6027530
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Part I

Election to Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II

Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III

MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV

Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	6,719
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	