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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
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization HUNTSVILLE HOSPITAL FOUNDATIONINC Doing Business As Number and street (or P O box if mail is not delivered to street address) 101 SIVLEY ROAD Room/suite City or town, state or country, and ZIP + 4 HUNTSVILLE, AL 35801	D Employer identification number 63-0752604 E Telephone number (256) 265-8077 G Gross receipts \$ 9,565,671
	F Name and address of principal officer CANDACE C BURNETT 101 SIVLEY ROAD HUNTSVILLE,AL 35801	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527	
	J Website: ▶ WWW.HUNTSVILLEHOSPITAL.ORG/FOUNDATION	
	K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
L Year of formation 1978		
M State of legal domicile AL		

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O FOR AN OVERVIEW OF THE FOUNDATIONS MISSION AND SIGNIFICANT ACTIVITIES																								
	2 Check this box ☐ 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>38</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>37</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>600</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	38	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0	6 Total number of volunteers (estimate if necessary)	6	600	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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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>18,024,403</td><td>21,720,778</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>656,200</td><td>527,315</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>17,368,203</td><td>21,193,463</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	18,024,403	21,720,778	21 Total liabilities (Part X, line 26)	656,200	527,315	22 Net assets or fund balances Subtract line 21 from line 20	17,368,203	21,193,463												
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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		2012-05-15 Date		
	CANDACE C BURNETT PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name S RAY WHITE JR CPA	Preparer's signature S RAY WHITE JR CPA	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ WARREN AVERETT LLC				Firm's EIN ▶
	Firm's address ▶ 801 CLINTON AVENUE EAST HUNTSVILLE, AL 35801				Phone no ▶ (256) 533-7610

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

SEE SCHEDULE O FOR A DESCRIPTION OF THE FOUNDATIONS MISSION

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 \$ 1,119,565 including grants of \$ 1,119,565) (Revenue \$ 0)

WOMEN & CHILDREN'S SERVICESSEE SCHEDULE O FOR DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

4b

(Code) (Expenses \$ 373,198 including grants of \$ 373,198) (Revenue \$ 0)

MEDICAL SERVICE LINESEE SCHEDULE O FOR DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

4c

(Code) (Expenses \$ 244,021 including grants of \$ 244,021) (Revenue \$ 0)

MOBILE MEDICAL UNITSEE SCHEDULE O FOR DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

4d

Other program services (Describe in Schedule O)

See also Additional Data for Description

(Expenses \$ 928,916 including grants of \$ 928,916) (Revenue \$)

4e

Total program service expenses

\$ 2,665,700

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	Yes
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	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? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	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	Yes	
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> ☐ Yes ☒ 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	Yes	
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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.		
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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	1a38		
b	Enter the number of voting members included in line 1a, above, who are independent	1b37		
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		No
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▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CANDACE C BURNETT 101 SIVLEY ROAD HUNTSVILLE, AL 35801 (256) 265-8077

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	205,980	0

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 in reportable compensation from the organization: 0

		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	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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)	(B)	(C)
Name and business address	Description of services	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	197,388			
	d	Related organizations	1d	674,180			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,457,449			
	g	Noncash contributions included in lines 1a-1f \$		327,922			
	h	Total. Add lines 1a-1f			3,329,017		
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)			717,451	
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)			-58,125		-58,125
8a		Gross income from fundraising events (not including \$ 197,388 of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events . .			514,762		514,762
9a		Gross income from gaming activities See Part IV, line 19 . .					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances . .					
b		Less cost of goods sold . .					
c		Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			4,503,105	0	0	1,174,088

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	2,553,128	2,553,128		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	112,572	112,572		
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				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	161,039			161,039
f	Investment management fees				
g	Other	77,330		34,889	42,441
12	Advertising and promotion	13,948		24	13,924
13	Office expenses	7,291		2,334	4,957
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	10,114		3,144	6,970
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,019		1,845	3,174
20	Interest	33,804		33,804	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,340		2,340	
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	HOSPITAL EMPLOYEES	674,180		207,696	466,484
b	FOOD	57,023		10,556	46,467
c	PRINTING	22,164		1,609	20,555
d	DUES AND SUBSCRIPTIONS	17,618		4,467	13,151
e	BANK SERVICE CHARGES	16,237		16,237	
f	All other expenses	42,611		4,891	37,720
25	Total functional expenses. Add lines 1 through 24f	3,806,418	2,665,700	323,836	816,882
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			50	1	200
	2	Savings and temporary cash investments			1,369,514	2	455,552
	3	Pledges and grants receivable, net			246,824	3	260,920
	4	Accounts receivable, net			3,166	4	3,496
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,753	9	45
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	41,475			
	b	Less: accumulated depreciation	10b	21,343	10,723	10c	20,132
	11	Investments—publicly traded securities			14,761,643	11	19,220,690
	12	Investments—other securities. See Part IV, line 11			1,597,040	12	1,736,315
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			33,690	15	23,428
	16	Total assets. Add lines 1 through 15 (must equal line 34)			18,024,403	16	21,720,778
Liabilities	17	Accounts payable and accrued expenses			283,219	17	84,437
	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			372,981	25	442,878
	26	Total liabilities. Add lines 17 through 25			656,200	26	527,315
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			5,339,758	27	7,905,816
	28	Temporarily restricted net assets			8,502,766	28	9,632,557
	29	Permanently restricted net assets			3,525,679	29	3,655,090
		Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			17,368,203	33	21,193,463
	34	Total liabilities and net assets/fund balances			18,024,403	34	21,720,778

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	4,503,105
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,806,418
3	Revenue less expenses Subtract line 2 from line 1	3	696,687
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,368,203
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,128,573
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	21,193,463

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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 HUNTSVILLE HOSPITAL FOUNDATIONINC	Employer identification number 63-0752604
---	--

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.")	2,291,816	2,978,907	3,186,255	3,527,197	3,667,711	15,651,886
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	444,131	483,510	605,712	633,632	674,180	2,841,165
4 Total. Add lines 1 through 3	2,735,947	3,462,417	3,791,967	4,160,829	4,341,891	18,493,051
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)						
6 Public Support. Subtract line 5 from line 4						18,493,051

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	2,735,947	3,462,417	3,791,967	4,160,829	4,341,891	18,493,051
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	378,334	500,238	671,265	400,020	717,451	2,667,308
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						21,160,359
12 Gross receipts from related activities, etc (See instructions)					12	1,321,143
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	87 390 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	87 090 %
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).

Additional Data

Software ID:

Software Version:

EIN: 63-0752604

Name: HUNTSVILLE HOSPITAL FOUNDATIONINC

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				
SCOTT AVERBUCH TRUSTEE	50	X						0	0	0	
PHILIP W BENTLEY JR TRUSTEE	50	X						0	0	0	
HOYT A CHILDS III TRUSTEE	50	X						0	0	0	
MARGARET-ANNE M CRUMLISH TRUSTEE	50	X						0	0	0	
SARAH W GESSLER TRUSTEE	50	X						0	0	0	
JAMES C GILBERT MD TRUSTEE	50	X						0	0	0	
MICHAEL E GOODMAN TRUSTEE	50	X						0	0	0	
JOHN J GRECO MD TRUSTEE	50	X						0	0	0	
JOHN W HOLLY TRUSTEE	50	X						0	0	0	
ALEX W JOHNSON TRUSTEE	50	X						0	0	0	
KIM F JOHNSON TRUSTEE	50	X						0	0	0	
CAROLE J JONES TRUSTEE	50	X						0	0	0	
GEORGE G JONES TRUSTEE	50	X						0	0	0	
BHAVANI KD KAKANI TRUSTEE	50	X						0	0	0	
ROSEMARY K LEE TRUSTEE	50	X						0	0	0	
JAMES M LINK TRUSTEE	50	X						0	0	0	
NICK LIOCE TRUSTEE	50	X						0	0	0	
RALPH D MALONE TRUSTEE	50	X						0	0	0	
BETH B MARTIN TRUSTEE	50	X						0	0	0	
DANIEL L MONTGOMERY TRUSTEE	50	X						0	0	0	
JAY HARRISON TRUSTEE	50	X						0	0	0	
RONY J NAJJAR TRUSTEE	50	X						0	0	0	
DAVID NAST TRUSTEE	50	X						0	0	0	
RONDAL W POTEAT JR TRUSTEE	50	X						0	0	0	
ALEJANDRO VASQUEZ TRUSTEE	50	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			
CHARLES G VAUGHN TRUSTEE	50	X						0	0	0
JOHN F WESSEL TRUSTEE	50	X						0	0	0
DANNY WINDHAM TRUSTEE	50	X						0	0	0
MARK H YOKLEY TRUSTEE	50	X						0	0	0
JANA W BLOCK EX-OFFICIO TRUSTEE	50	X						0	0	0
CYNTHIA C FAFARD EX-OFFICIO TRUSTEE	50	X						0	0	0
CHRISTOPHER H GEORGE EX-OFFICIO TRUSTEE	50	X						0	0	0
CHARLES D PURPLE EX-OFFICIO TRUSTEE	50	X						0	0	0
HELEN J VAUGHN CHAIRMAN	1 00			X				0	0	0
JACK N JOHNSON VICE-CHAIRMAN	1 00			X				0	0	0
FREDERICK M LANIER TREASURER	1 00			X				0	0	0
KERRY M FEHRENBACH SECRETARY	1 00			X				0	0	0
CANDY BURNETT PRESIDENT	80 00			X				0	205,980	0

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

4d. Other program services				
(Code	) (Expenses \$	928,916	including grants of \$	928,916) (Revenue \$ 0)
MISCELLANEOUS HOSPITAL AND OTHER PROGRAMSMISCELLANEOUS HOSPITAL PROGRAMS THE FOUNDATION PROVIDED \$239,913 (9% OF THE TOTAL FUNDS DISTRIBUTED) FOR A SPECTRALINK PHONES FOR NURSES TO USE AT THE BEDSIDE B RECLINER CHAIRS FOR THE ICU WAITING AREA C SECURITY SYSTEM D HEALTH TEACHER OUTREACH PROGRAM FOR K-12 STUDENTS IN FIVE NORTH ALABAMA COUNTIESE FINANCIAL ASSISTANCE FOR EMPLOYEE TORNADO VICTIMS (FUNDED SOLELY BY HOSPITAL EMPLOYEE GIVING CLUB) F CLINICAL SEMINARS FOR REGIONAL HEALTH CARE PROVIDERS G CONTINUING EDUCATION FOR HOSPITAL STAFF OTHER PROGRAMS/BALANCE OF FUNDING THE BALANCE OF PHILANTHROPY FUNDING (\$689,003) PROVIDED CUTTING-EDGE TECHNOLOGY AND PROGRAMS SUCH AS THE FOLLOWING A ILOGIC CANCER DIAGNOSTIC SYSTEM FOR ONCOLOGY B PATIENT MONITORS (30) FOR SURGERY C GLIDESCOPE INTUBATION SYSTEMS (2) FOR SURGERY D VITAL SIGNS MONITOR FOR SURGERY E BLADDER SCANNERS (3) FOR SURGERY AND CARDIAC CARE UNITS F HYPOTHERMIA SYSTEM FOR THE EMERGENCY DEPARTMENT G AQUADEX SYSTEM FOR THE CONGESTIVE HEART FAILURE CLINIC H MEDICATION ASSISTANCE FOR CANCER PATIENTS AND CARDIAC REHAB ASSISTANCE FOR HEART PATIENTS AND MUCH, MUCH MORE				

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization HUNTSVILLE HOSPITAL FOUNDATIONINC	Employer identification number 63-0752604
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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	21	241
2 Aggregate contributions to (during year)	129,411	3,597,110
3 Aggregate grants from (during year)	0	0
4 Aggregate value at end of year	3,655,090	9,632,557
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	☒ Yes ☐ No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIV

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	12,028,445	9,751,994	10,887,674		
b Contributions	3,726,521	3,440,019	2,830,140		
c Investment earnings or losses	689,707	371,883	-663,871		
d Grants or scholarships	0	0	0		
e Other expenditures for facilities and programs	3,157,026	1,535,451	3,301,949		
f Administrative expenses	0	0	0		
g End of year balance	13,287,647	12,028,445	9,751,994		

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶ 0 %
- b

Permanent endowment ▶ 28 000 %
- c

Term endowment ▶ 72 000 %
- 3a

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	
- 4

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		41,475	21,343	20,132
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				20,132

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,503,105
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,806,418
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	696,687
4	Net unrealized gains (losses) on investments	4	3,128,573
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	3,128,573
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,825,260

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,428,962
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,128,573
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	797,284
e	Add lines 2a through 2d	2e	3,925,857
3	Subtract line 2e from line 1	3	4,503,105
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,503,105

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,603,702
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	797,284
e	Add lines 2a through 2d	2e	797,284
3	Subtract line 2e from line 1	3	3,806,418
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,806,418

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE DONOR ADVISED ENDOWMENT FUNDS ARE LIMITED BY DONOR IMPOSED RESTRICTIONS THAT NEITHER EXPIRE BY THE PASSAGE OF TIME NOR CAN BE FULFILLED OR OTHERWISE REMOVED BY ACTIONS OF THE FOUNDATION. THE RESTRICTIONS STIPULATE THAT RESOURCES BE MAINTAINED PERMANENTLY BUT PERMIT THE FOUNDATION TO EXPEND THE INCOME GENERATED IN ACCORDANCE WITH THE PROVISIONS OF THE AGREEMENT.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND ALSO EXEMPT FROM STATE INCOME TAXES UNDER THE APPLICABLE INCOME TAX REGULATIONS OF THE STATE OF ALABAMA. THE FOUNDATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME, IF ANY. IN ADDITION, THE FOUNDATION IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION. THE FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2005.
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS SHOWN ON 990,PART VIII,LINE 8B
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS SHOWN ON 990,PART VIII,LINE 8B

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
		HSV CLASSIC GOLF TOURNAMENT (event type)	UNIFORM SALE (event type)	6 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	617,786	285,076	606,572
	2	Less Charitable contributions	820	0	196,568
	3	Gross income (line 1 minus line 2)	616,966	285,076	410,004
Direct Expenses	4	Cash prizes	0	0	0
	5	Non-cash prizes	20,000	0	0
	6	Rent/facility costs	38,654	0	0
	7	Food and beverages	86,357	0	36,167
	8	Entertainment	85,929	0	26,125
	9	Other direct expenses	91,434	245,145	167,473
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ 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
b	An outside facility	13b

14

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

Name  _____

Address  _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ 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  _____

Gaming manager compensation  \$ _____

Description of services provided  _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

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

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTSVILLE HOSPITAL FOUNDATIONINC

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
63-0752604

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) THE HEALTHCARE AUTHORITY OF THE CITY OF HUNTSVILLE101 SIVLEY ROAD HUNTSVILLE,AL 35801	63-0845288	N/A	2,553,128		N/A	N/A	SUPPORT

2

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

1

3

Enter total number of other organizations

0

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) OTHER ASSISTANCE	51	31,515		N/A	N/A
(2) PRESCRIPTION MEDICINE TO THOSE IN NEED	155	14,700		N/A	N/A
(3) SCHOLARSHIP	22	16,349		N/A	N/A
(4) BENEVOLENCE FUND	55	50,008		N/A	N/A

Part IV

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

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	GRANT FUNDS ARE GIVEN OUT BASED ON VERY SPECIFIC CRITERIA SET FORTH BY EACH PROGRAM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 HUNTSVILLE HOSPITAL FOUNDATIONINC	Employer identification number 63-0752604
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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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) CANDY BURNETT	(i)	0	0	0	0	0	0	0
	(ii)	154,871	19,623	31,486	0	0	205,980	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(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
------------	------------------	-------------

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HUNTSVILLE HOSPITAL FOUNDATIONINC

Employer identification number
63-0752604

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CARL GESSLER MD	FORMER HHF TRUSTEE - NOW A BOARD MEMBER AT BBVA COMPASS BANK	250,000	PURCHASED A \$250,000 CERTIFICATE OF DEPOSIT WITH BBVA COMPASS BANK		No
(2) MICHAEL E GOODMAN	CURRENT HHF TRUSTEE - EMPLOYEE AT REDSTONE FEDERAL CREDIT UNION	250,000	PURCHASED A \$250,000 CERTIFICATE OF DEPOSIT WITH REDSTONE FEDERAL CREDIT UNION		No
(3) DAVID NAST	CURRENT HHF TRUSTEE - EMPLOYEE AT PROGRESS BANK	250,000	PURCHASED A \$250,000 CERTIFICATE OF DEPOSIT WITH PROGRESS BANK		No

Part V

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
HUNTSVILLE HOSPITAL FOUNDATIONINC

Employer identification number
63-0752604

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	4	31,389	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .	X	1	296,533	APPRAISAL VALUE
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	0
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?				Yes
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION HIRES A LOCAL BROKERAGE FIRM TO LIQUIDATE GIFTS IN THE FORM OF PUBLICLY TRADED STOCK

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**

HUNTSVILLE HOSPITAL FOUNDATIONINC

Employer identification number

63-0752604

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990 PART I, LINE 1	HUNTSVILLE HOSPITAL FOUNDATION WAS ESTABLISHED IN 1978 AS THE 501 (C)(3) NON-PROFIT FUNDRAISING ARM OF HUNTSVILLE HOSPITAL, ALSO A NOT-FOR-PROFIT ENTITY HUNTSVILLE HOSPITAL, ESTABLISHED IN 1895, HAS GROWN TO BE THE REGIONAL TERTIARY CARE CENTER FOR NORTH ALABAMA AND SOUTH CENTRAL TENNESSEE, AND IS THE NINTH LARGEST PUBLICLY-OWNED HOSPITAL IN THE COUNTRY WITH 941 LICENSED ACUTE CARE BEDS, AND MORE THAN 750 PHYSICIANS WHO ARE SUPPORTED BY 7,000 HOSPITAL EMPLOYEES IN FISCAL YEAR 2011, WE ADMITTED 43,005 PATIENTS, TREATED 543,628 OUTPATIENTS, AND PROVIDED MORE THAN \$551 MILLION IN UNCOMPENSATED MEDICAL CARE THE HOSPITAL PROVIDES QUALITY, LEADING-EDGE HEALTHCARE TO A SERVICE AREA OF MORE THAN 11 MILLION PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY WE PROVIDE THE AREAS ONLY REGIONAL TRAUMA PROGRAM AND THE BUSIEST EMERGENCY DEPARTMENT IN THE STATE OF ALABAMA, CARDIOVASCULAR SERVICES (LARGEST CATH LAB IN THE STATE OF ALABAMA, AND CARDIOVASCULAR SURGERY PROGRAM WHICH IS RANKED IN THE TOP 10% IN THE NATION), PRIMARY STROKE CENTER DESIGNATION, JOINT CAMP (NATIONALLY RECOGNIZED JOINT REPLACEMENT PROGRAM), PERFECT RATING FOR THE MAMMOGRAPHY PROGRAM, APPROVED ONCOLOGY PROGRAM WITH COMMENDATION, AND EXCEPTIONAL LAB ACCREDITATION HUNTSVILLE HOSPITAL FOR WOMEN AND CHILDREN IS HOME TO THE ONLY FULL-SERVICE PEDIATRIC UNIT, PEDIATRIC EMERGENCY DEPARTMENT, PEDIATRIC ICU, AND THE ONLY LEVEL III NEONATAL ICU BETWEEN BIRMINGHAM AND NASHVILLE THE HOSPITAL ALSO HOUSES ONE OF ONLY SIX ST JUDE AFFILIATE CLINICS IN THE COUNTRY THE HOSPITAL SYSTEM'S FACILITIES INCLUDE HUNTSVILLE HOSPITAL, HUNTSVILLE HOSPITAL FOR WOMEN & CHILDREN, MADISON HOSPITAL, AN OUTPATIENT MEDICAL MALL, AND A 70-BED REHABILITATION HOSPITAL LOCATED ON THE CAMPUS AS A NOT-FOR-PROFIT HOSPITAL THAT RECEIVES NO TAX SUPPORT FROM CITY, STATE OR FEDERAL GOVERNMENTS, HUNTSVILLE HOSPITAL RELIES ON PHILANTHROPY TO FUND ITS CAPITAL AND OPERATIONAL NEEDS THE HUNTSVILLE HOSPITAL FOUNDATION ACCEPTS CHARITABLE CONTRIBUTIONS ON THE HOSPITAL'S BEHALF AND WORKS TO FUND BOTH PRESENT AND FUTURE EQUIPMENT AND PROGRAM NEEDS CONTRIBUTIONS OF ANY AMOUNT ARE GRATEFULLY ACCEPTED AND MAY BE UNRESTRICTED GIFTS OR DESIGNATED FOR A SPECIFIC HOSPITAL UNIT OR PROGRAM CONTRIBUTIONS TO THE FOUNDATION ARE TAX DEDUCTIBLE, WITH 100% OF ALL GIFTS BENEFITING THE HOSPITAL PROGRAM OR DEPARTMENT DESIGNATED BY ITS DONORS

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990 PART III, LINE 1	HUNTSVILLE HOSPITAL FOUNDATION'S MISSION IS TO DEVELOP RELATIONSHIPS AND FINANCIAL RESOURCES TO SUPPORT THE HEALTHCARE PROGRAMS, PROJECTS AND SERVICES OF HUNTSVILLE HOSPITAL. THE HOSPITAL'S MISSION IS TO PROVIDE QUALITY CARE THAT WILL IMPROVE THE HEALTH OF THOSE WE SERVE. OUR VISION IS TO BE ONE OF THE BEST HOSPITALS IN THE UNITED STATES AND TO BE CONSISTENTLY RECOGNIZED FOR CLINICAL AND SERVICE EXCELLENCE. THE HOSPITAL AND FOUNDATION EXTEND THE MISSION OF HUNTSVILLE HOSPITAL THROUGH EXTENSIVE OUTREACH PROGRAMS. IN 2011 WE OFFERED FREE SCREENINGS AND HEALTH INFORMATION AT NEARLY 150 COMMUNITY EVENTS. HOSPITAL STAFF AND PHYSICIANS ALSO PRESENTED MORE THAN 100 PROGRAMS TO LOCAL CLUBS, BUSINESSES AND SCHOOLS. ALTHOUGH HUNTSVILLE HOSPITAL IS A REGIONAL HEALTHCARE FACILITY, IT IS VERY MUCH A COMMUNITY HOSPITAL. THE FOUNDATION STAFF STRIVES TO INVOLVE ANYONE WHO WISHES TO SUPPORT THE HOSPITAL WITH GIFTS OF TIME, TALENT AND RESOURCES. FROM THE 5-YEAR OLD CHILD WHO SWIMS LAPS AND RAISES FUNDS FOR THE NEONATAL ICU, TO THE CORPORATE TEAM THAT RUNS IN OUR ANNUAL 5K BREAST CANCER RUN, TO THE YOUNG PROFESSIONAL WHO SERVES IN AN ADVOCACY ROLE THROUGH MEMBERSHIP IN THE FOUNDATION'S DEVELOPMENT COUNCIL, TO THE BABY BOOMER WHO CHAIRS AN EVENT COMMITTEE OR MAKES A SIGNIFICANT CHARITABLE CONTRIBUTION THAT PROVIDES A PIECE OF LIFESAVING TECHNOLOGY. EACH GIFT IS INVALUABLE AND APPRECIATED, AND OUR STAFF, VOLUNTEERS AND DONORS JOIN HANDS TO SUPPORT THIS CROWN JEWEL IN OUR COMMUNITY. STEWARDSHIP, ACCOUNTABILITY AND TRANSPARENCY ARE OUR WATCHWORDS, FOR WE KNOW THAT WE SERVE THE COMMUNITY THROUGH OUR WORK AT THE FOUNDATION. DONATIONS MAY BE RESTRICTED TO A PARTICULAR HOSPITAL DEPARTMENT OR PROGRAM, OR THEY MAY BE GIVEN TO THE AREA OF GREATEST NEED. REGARDLESS, 100% OF EACH GIFT (WITH THE EXCEPTION OF SPECIAL EVENT DONATIONS) BENEFITS THE AREA DESIGNATED BY THE DONOR BECAUSE HUNTSVILLE HOSPITAL COVERS THE OVERHEAD EXPENSES OF THE FOUNDATION.

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	EACH YEAR THE FOUNDATION PROVIDES FUNDING TO HUNTSVILLE HOSPITAL BASED ON AREAS OF NEED AND DONOR RESTRICTIONS AS A RESULT, PROGRAM SERVICES ARE CONSTANTLY CHANGING SCHEDULE O PROVIDES A LIST OF THE CURRENT YEAR PROGRAM SERVICE ACCOMPLISHMENTS

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990 PART III, LINE 4A	HUNTSVILLE HOSPITAL IS A PARTNERSHIP OF PEOPLE WHO CARE. ORIGINALLY BUILT THROUGH GENEROUS COMMUNITY VOLUNTEERISM AND CONTRIBUTIONS, THIS CARE HAS EXTENDED TO GENERATIONS OF FAMILIES IN THE TENNESSEE VALLEY SINCE 1895. NOW MORE THAN EVER, HUNTSVILLE HOSPITAL RELIES ON PHILANTHROPY TO MEET THE HEALTHCARE NEEDS OF THE REGION. THOUSANDS OF INDIVIDUALS, CLUBS, SCHOOLS, LOCAL BUSINESSES AND NATIONAL CORPORATIONS HAVE JOINED TOGETHER TO SUPPORT EXCELLENCE IN HEALTHCARE FOR NORTH ALABAMA. THANKS TO THE GENEROSITY OF OUR DONORS, HUNTSVILLE HOSPITAL FOUNDATION PROVIDED RECORD FUNDING FOR HUNTSVILLE HOSPITAL AND ITS PATIENTS IN FISCAL YEAR 2011. THE FOUNDATION MANAGES MORE THAN 300 DESIGNATED FUNDS REPRESENTING VIRTUALLY EVERY DEPARTMENT AND NURSING UNIT AT THE HOSPITAL, AND DISTRIBUTES FUNDS AS NEEDED TO PROVIDE CUTTING-EDGE TECHNOLOGY AND LIFESAVING PROGRAMS THAT OTHERWISE WOULD NOT BE POSSIBLE. PHILANTHROPY PROVIDED \$2,665,700 TO FUND EQUIPMENT AND PROGRAM NEEDS. THE BALANCE OF THE FUNDS RAISED WAS TRANSFERRED TO THE FOUNDATION'S GENERAL ENDOWMENT WHICH WILL PROVIDE FOR HUNTSVILLE HOSPITAL INTO PERPETUITY. WOMEN & CHILDREN'S SERVICES. IN FISCAL YEAR 2011, THE FOUNDATION PROVIDED \$1,119,565 (45% OF THE TOTAL FUNDS DISTRIBUTED) TO HUNTSVILLE HOSPITAL FOR WOMEN & CHILDREN. EXAMPLES OF EQUIPMENT PURCHASED, THANKS TO PHILANTHROPY, INCLUDE: A. BREAST SPECIFIC GAMMA IMAGING (BSGI) FOR THE BREAST CENTER B. BREAST MRI FUNDING C. DEFIBRILLATORS (9) LOCATED HOUSEWIDE AT HUNTSVILLE HOSPITAL FOR WOMEN & CHILDREN D. ULTRASOUND SYSTEM FOR THE PEDIATRIC ICU E. GIRAFFE INCUBATORS AND WARMERS FOR THE NEONATAL ICU F. DOPPLAR ULTRASOUND SYSTEM FOR THE PEDIATRIC ONCOLOGY AND HEMATOLOGY DEPARTMENT

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990 PART III, LINE 4B	MEDICAL SERVICE LINE THE FOUNDATION PROVIDED \$373,198 (14% OF THE TOTAL FUNDS DISTRIBUTED) FOR VARIOUS CLINICAL DEPARTMENTS. EXAMPLES INCLUDE: A. TEG ANALYZERS FOR THE PATHOLOGY LAB. B. MRI IV PUMP FOR RADIOLOGY. C. DIAGNOSTIC ULTRASOUND SYSTEM FOR MEDICAL ICU. D. DEFIBRILLATOR FOR THE PAIN CENTER. E. BLADDER SCANNER FOR THE BEHAVIORAL HEALTH UNIT. F. BRAIN MONITOR FOR NEURO ICU. G. PATIENT MANIKIN FOR THE SIMULATION LAB (TRAINING LAB FOR HOSPITAL EMPLOYEES).

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990 PART III, LINE 4C	MOBILE MEDICAL UNIT THE FOUNDATION PROVIDED \$244,021 (9% OF THE TOTAL FUNDS DISTRIBUTED) FOR A MOBILE MEDICAL UNIT THAT IS UTILIZED FOR COMMUNITY OUTREACH AND DISASTER RESPONSE THE MMU TRAVELS ACROSS NORTH ALABAMA FOR COMMUNITY SCREENINGS AND HEALTH EDUCATION, AND CAN ALSO BE DEPLOYED AS A DISASTER RESPONSE UNIT IN CASES OF REGIONAL DISTRESS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 WAS REVIEWED IN DETAIL BY THE PRESIDENT AND DIRECTOR OF ACCOUNTING THE RETURN WAS ALSO MADE AVAILABLE TO THE BOARD FOR REVIEW AT ITS MONTHLY BOARD MEETING PRIOR TO BEING FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS BOARD MEMBERS ARE SUPPLIED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGEMENT AND DISCLOSURE FORM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	SALARIES ARE REVIEWED BY INDEPENDENT PERSONS AND ARE BASED ON COMPENSATION LEVELS OF SIMILAR ORGANIZATIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,128,573

Identifier	Return Reference	Explanation
	FORM 990 PART XII LINE 2 C	THERE WAS NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

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
HUNTSVILLE HOSPITAL FOUNDATIONINC

Employer identification number
63-0752604

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) THE HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE 101 SIMLEY ROAD HUNTSVILLE, AL 35801 63-0845288	HOSPITAL	AL	POLITICAL SUB OF CIT	N/A	N/A		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

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

No

1p

No

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	B	2,553,128	FMV
(2) THE HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	C	674,180	FMV
(3) THE HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE	N	674,180	FMV
(4)			
(5)			
(6)			

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
	FORM 990, SCHEDULE R, PART II	THE HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE IS A POLITICAL SUBDIVISION OF THE CITY OF HUNTSVILLE