

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form • 990-PF Department of the Treasury

Internal Revenue Service

By

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number THE FIRST HOSPITAL FOUNDATION 23-2904262 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 230 SOUTH BROAD STREET 402 215-546-4290 City or town, state, and ZIP code C If exemption application is pending, check here PHILADELPHIA, Initial return X Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Final return Amended return 2. check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(8), check here 36, 406, 722. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books ıncome ıncome N/A Contributions, gifts, grants, etc., received 2 Check ► X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments . 1,267. 1,267. STATEMENT 675,905. 966,789. STATEMENT Dividends and interest from securities 5a Gross rents Net rental income or (loss) 278,363. 6a Net gain or (loss) from sale of assets not on line 10 9,990,307. 39,186 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) £91,716. 188,016. STATEMENT 11 Other income 1 3913 147,251. 195,258. Total. Add lines 1 through-1 0. 0. Other employee salaries and wages 6 15 Pension plans, employee benefits Operating and Administrative Expenses 12<mark>,</mark>929. STMT 13,288 399. 16a Legal fees 5 46,075. 41,645. STMT 1,382. **b** Accounting fees 68,386. STMT 56,037. 10,264. c Other professional fees 1,432 17 Interest STMT 7 22,454 12,375. 0. 18 2,309 69 19 Depreciation and depletion 10,647 319 9,485. 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 8 159,778. 197,609 167,042. 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 360,768. 231,791. 241,365. 413,032 474,071. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 1,773,800 231,791 1,715,436. Add lines 24 and 25 27 Subtract line 26 from line 12 -626,5492 Excess of revenue over expenses and disbursements 963,467 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A LHA For Paperwork Reduction Act Notice, see instructions.

| E | - | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | fyear |
|----------------------------|-------|--|----------------------|------------------------|-----------------------------|
| _ <u></u> | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 2,254. | 2,690. | 2,690. |
| | 2 | Savings and temporary cash investments | 406,198. | 373,192. | 373,192. |
| | 3 | Accounts receivable ► 46,000. | | | |
| | | Less: allowance for doubtful accounts | 2,537. | 46,000. | 46,000. |
| | 4 | Pledges receivable ► | | | · |
| | l | Less allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ş | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | 3,347. | 3,883. | 3,883. |
| Ä | 10a | Investments - U S and state government obligations STMT 10 | 1,862,213. | 2,122,507. | 2,122,507. |
| | l b | Investments - corporate stock | | | |
| | c | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less: accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | • |
| | 13 | Investments - other STMT 11 | 35,727,230. | 32,176,775. | 32,176,775. |
| | 14 | Land, buildings, and equipment basis ► 11,667. | | | |
| | 1 | Less: accumulated depreciation 7,820. | 6,156. | 3,847. 1,677,828. | 3,847. 1,677,828. |
| | 15 | Other assets (describe ► STATEMENT 12) | 815,767. | 1,677,828. | 1,677,828. |
| | | | | | |
| _ | 16 | Total assets (to be completed by all filers) | 38,825,702. | 36,406,722. 49,572. | 36,406,722. |
| | 17 | Accounts payable and accrued expenses | 32,831. | 49,572. | |
| | 18 | Grants payable _ | 421,596. | 406,557. | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iab | 21 | Mortgages and other notes payable | | | |
| - | 22 | Other liabilities (describe STATEMENT 13) | 0. | 63,000. | |
| | | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 454,427. | 519,129. | |
| | | Foundations that follow SFAS 117, check here | | | |
| S | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ces | 24 | Unrestricted | 38,371,275. | 35,887,593. | |
| alar | 25 | Temporarily restricted | | | |
| Net Assets or Fund Balance | 26 | Permanently restricted | | | |
| Š | | Foundations that do not follow SFAS 117, check here | | | |
| F | | and complete lines 27 through 31. | | | |
| ţ | 27 | Capital stock, trust principal, or current funds | | | |
| SSe | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| Ä. | 29 | Retained earnings, accumulated income, endowment, or other funds | 20 271 275 | 25 005 500 | |
| ž | 30 | Total net assets or fund balances . | 38,371,275. | 35,887,593. | |
| | | | 20 025 702 | 26 406 700 | |
| _ | 31 | Total liabilities and net assets/fund balances | 38,825,702. | 36,406,722. | |
| P | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| | | | 20 | | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line | 3 0 | | 20 271 275 |
| | - | t agree with end-of-year figure reported on prior year's return) | • | 1 | 38,371,275. -626,549. |
| | | r amount from Part I, line 27a | | 2 | -626,349. |
| | | r increases not included in line 2 (rtemize) | | 3 | 37,744,726. |
| | | ines 1, 2, and 3 eases not included in line 2 (itemize) | SEE STA | ATEMENT 9 5 | 1,857,133. |
| | | | | AIEMENI 9 5 | 35,887,593. |
| <u>-</u> | rUldi | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | numini (D), iiile 30 | | Form 990-PF (2011) |
| | | | | | ruini 330-r r (2011) |

| Part IV Capital Gains | and Losses to | r lax on ir | ivestmen | Income | | | | | |
|---|--|-------------------------------------|--|----------------------|--------------|-------------------------------|------------------------|---|--|
| | ribe the kind(s) of pro irehouse; or common | | | | (b) H | low acq - Purch - Donat | quired (ase ion | c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1a MARKETABLE SEC | URITIES | | | | | E | 7 | ARIOUS | VARIOUS |
| | URITIES - | SEE AT | TACHME | NT B | | | 7 | ARIOUS | VARIOUS |
| c CAPITAL GAINS | | | | | | | | | 1 |
| d | | | | · · · · · · · · | | | | | |
| 8 | | | | | | | | | |
| (e) Gross sales price | (f) Depreciation (or allowa | | | st or other basis | - | | • | (h) Gain or (los (e) plus (f) minus | |
| a 7,930,723. | · · | <u> </u> | <u> </u> | 8,026,36 | 1 . | | | | -95,638. |
| a /,930,723. | | | - | 0,020,00 | - | | | | -1,115. |
| t 135,939. | | | | | | | | | 135,939. |
| | | | | | - | | | | 100,700, |
| <u>d</u> | | | | | \dashv | | | | |
| Complete only for assets showing | na asin in column (h) | and owned by | the foundation | on 12/31/60 | | | //\ //\ | Counc (Col. (h) an | In minus |
| (i) F M V as of 12/31/69 | (j) Adjusted | basis | (k) E> | cess of col. (i) | | | col (| Gains (Col. (h) ga k), but not less th Losses (from col | ıan -0-) or |
| | as of 12/3 | 1/69 | over | col. (j), if any | | | | | |
| <u>a</u> | | | | | | | | _ | <u>-95,638.</u> |
| <u>b</u> | | | | | | | | | -1,115. |
| C | | | | | | | | ~ | 135,939. |
| d | | | | | | | | | |
| <u>e</u> | | | | | | | | | |
| 2 Capital gain net income or (net ca | opital loss) { if | gain, also ente (loss), enter -0 | r in Part I, line - in Part I, line | 7 7 | } | 2 | | | 39,186. |
| 3 Net short-term capital gain or (lo | • | | | | _ | | | | |
| If gain, also enter in Part I, line 8, | | UIIS 1222(J) ai | iu (0) | | J | | | | |
| If (loss), enter -0- in Part I, line 8 | 001411111 (0) | _ | | | ľ | 3 | | N/. | A |
| Part V Qualification U | nder Section 4 | 1940(e) for | Reduced | Tax on Net | Inv | estm | ent Inco | ome | - |
| (For optional use by domestic private | foundations subject | to the section | 4940(a) tax or | net investment ir | ncome | e) | | | |
| (i or optional add by domodile privat | , roundations obbject | | | | | , | | | |
| If section 4940(d)(2) applies, leave t | his part blank | | | | | | | | |
| Was the foundation liable for the sec | tion 4042 tay on the | lietrihutahla an | agust of any v | nar in the bace no | nod2 | | | | Yes X No |
| If "Yes," the foundation does not qua | | | | - | iiou i | •• | | • • | 163 NO |
| 1 Enter the appropriate amount in | | | | | es | | | | |
| | T T T COOR | | 40110110 001010 | maning any onen | | | | T | (d) |
| (a) Base period years Calendar year (or tax year beginni | ng in) Adjuste | (b) d qualifying dis | tributions | Net value of no | (c) oncha | | ise assets | | ribútión ratio livided by col. (c)) |
| 2010 | | | | | | | | | |
| 2009 | | | | | | | | | |
| 2008 | | | | | | | | ļ | |
| 2007 | | | | | | | | | |
| 2006 | | | | | _ | | | | |
| | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | | 2 | |
| 3 Average distribution ratio for the | 5-year base period - d | livide the total | on line 2 by 5, | or by the number | r of ye | ars | | | |
| the foundation has been in existe | • | | • | • | • | | | 3 | |
| | , | | | | | | | | |
| 4 Enter the net value of noncharital | ole-use assets for 201 | 1 from Part X, | line 5 | | | | | 4 | |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | |
| | | | | | | | | | |
| 6 Enter 1% of net investment incor | ne (1% of Part I, line : | 27b) | | | • | | • | 6 | |
| 7 Add lines 5 and 6 | | | - | | | | | 7 | |
| 8 Enter qualifying distributions from | n Part XII, line 4 | - | | - | | | - | 8 | |
| If line 8 is equal to or greater that See the Part VI instructions | n line 7, check the box | ın Part VI, line | th, and com | plete that part usir | ng a 1 | % tax ra | ate | | |
| oco mo i art vi motractiono | | | | | | | | | - 000 DE (001) |

| | | | 290426 | _ | Page 4 |
|---------------|---|-------|--------------|-------------|-----------------|
| $\overline{}$ | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49 |)48 - | - see inst | ruct | ions) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | 3 | 1 | | |
| þ | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | <u> 19,</u> | <u>.269.</u> |
| | of Part I, line 27b | | • | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | 1 | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | 19, | 269. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | | 19, | 269. |
| 6 | Credits/Payments: | | | • | |
| а | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 28,099. | | 1 | | |
| | Exempt foreign organizations - tax withheld at source |] | I | | |
| | Tax paid with application for extension of time to file (Form 8868) | | Į. | | |
| | Backup withholding erroneously withheld 6d 6d | = | İ | | |
| | Total credits and payments Add lines 6a through 6d | 7 | Ī | 28, | 099. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | 8. | 830. |
| 11 | Enter the amount of line 10 to be Credited to 2012 estimated tax 8,830 . Refunded | 11 | | | 0. |
| | rt VII-A Statements Regarding Activities | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | | | V. | es No |
| 10 | any political campaign? | " | 1: | | X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 11 | - | $\frac{X}{X}$ |
| U | | L | -" | <u>'</u> | ^ |
| | If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published | j or | | | |
| | distributed by the foundation in connection with the activities. | | | | X |
| | Did the foundation file Form 1120-POL for this year? | • | . 1 | | <u> </u> |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| _ | (1) On the foundation \blacktriangleright \$ 0. | | | | 1 |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | ı |
| | managers > \$ 0. | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | - | _2 | | <u> </u> |
| _ | If "Yes," attach a detailed description of the activities. | | | | I |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | ١, | . |
| _ | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | . <u>3</u> | | |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | ٠. | 4 | | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | 41 | \neg | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | _ 5 | + | <u> </u> |
| | If "Yes," attach the statement required by General Instruction T. | | | | 1 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | 1 |
| | By language in the governing instrument, or | | | | 1 |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | | | # |
| | remain in the governing instrument? | | · <u>6</u> | | <u> X</u> |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | 7 | <u> }</u> | <u> </u> |
| | If "Yes," complete Part II, col. (c), and Part XV. | | | | ŧ |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | 1 |
| | PA | | [| | 1 |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | _ | | 1 |
| | of each state as required by General Instruction G? If "No," attach explanation | | 81 | <u> </u> | <u> </u> |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen | dar | | | T |
| | year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV | | . 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 1(| | X |
| | | | Form 9 | 90-P | F (2011) |

All other program-related investments. See instructions

Total. Add lines 1 through 3

| P | art X Minimum Investment Return (All domestic foundations in | must compl | ete this part. Foreign f | oundations, | see instructions.) |
|----|---|-----------------|----------------------------|----------------|-------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitab | ole, etc., purp | oses | | |
| а | Average monthly fair market value of securities | | | 1a | 38,962,895. 209,304. |
| b | Average of monthly cash balances | | | 1b | 209,304. |
| C | Fair market value of all other assets | | | 10 | |
| d | Total (add lines 1a, b, and c) | | | 1d | 39,172,199 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | | | |
| | 1c (attach detailed explanation) | 1e | (|). | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | | . 2 | 0. |
| 3 | Subtract line 2 from line 1d | | | 3 | 39,172,199. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount | t, see instruc | tions) | 4 | 587,583 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o | | | 5 | 38,584,616. |
| 6 | Minimum investment return. Enter 5% of line 5 | | | 6 | 1,929,231. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here | | ate operating foundations | and certain | |
| 1 | Minimum investment return from Part X, line 6 | | | 1 | 1,929,231. |
| 2a | Tax on investment income for 2011 from Part VI, line 5 | 2a | 19,269 |). | |
| b | Income tax for 2011 (This does not include the tax from Part VI) | 2b | | | |
| C | Add lines 2a and 2b | | , | 2c | 19,269 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 1,909,962. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | | 5 | 1,909,962. |
| 6 | Deduction from distributable amount (see instructions) | | | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Parl | t XIII, line 1 | | 7 | 1,909,962. |
| P | art XII Qualifying Distributions (see instructions) | | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., pur | rposes. | | | |
| a | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | - | • | 1a | 1,715,436. |
| þ | Program-related investments - total from Part IX-B | | | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charita | ble, etc , purj | ooses | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | | | |
| a | Suitability test (prior IRS approval required) | | | 3a | |
| b | Cash distribution test (attach the required schedule) | - | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, a | | line 4 | 4 | 1,715,436 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve | estment | | | |
| | income Enter 1% of Part I, line 27b | | | . 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | | 6 | 1,715,436 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years v | when calculat | ing whether the foundation | n qualifies fo | r the section |
| | 4940(e) reduction of tax in those years | | | | |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|--|---------------|----------------------------|--|--------------------|
| 1 Distributable amount for 2011 from Part XI, | | | | |
| line 7 | | | | 1,909,962. |
| 2 Undistributed income, if any, as of the end of 2011 | | | | |
| a Enter amount for 2010 only | | | 0. | |
| b Total for prior years | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011 | | | | |
| a From 2006 | • | | | |
| b From 2007 | | | : | |
| c From 2008 | ; - | | | |
| d From 2009 | | | | |
| e From 2010 | _ | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2011 from | : | | | |
| Part XII, line 4 \triangleright \$ 1,715,436. | - | | 2 | |
| a Applied to 2010, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | • | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | ······································ | |
| d Applied to 2011 distributable amount | | | | 1,715,436. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | : | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | : | 0. | | |
| e Undistributed income for 2010 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2011 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2012 | | | j | 194,526. |
| 7 Amounts treated as distributions out of | · | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2006 | . – | | | |
| not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2012. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 0 Analysis of line 9 | | | | |
| a Excess from 2007 | † | | | |
| b Excess from 2008 | # | | | |
| c Excess from 2009 | | | | |
| d Excess from 2010 | | | | |
| e Excess from 2011 | | | | |
| | | · | | Form QQ0_DF (2011) |

| 3 Grants and Contributions Paid During the | | Payment | | |
|--|--|--------------------------------------|----------------------------------|------------------------|
| Recipient Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| | | | | |
| | | | | |
| | | | | |
| SEE ATTACHMENT C | N/A | ALL PUBLIC | | |
| | | CHARITIES | | 1,474,071. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | - |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3a | 1,474,071. |
| b Approved for future payment | | | | |
| | | | | |
| | | | - | |
| | | | | |
| SEE ATTACHMENT D | N/A | ALL PUBLIC | | |
| | | CHARITIES | | 406,557. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | 406,557. |
| | | | For | m 990-PF (2011) |

Part XVI-A **Analysis of Income-Producing Activities**

Form 990-PF (2011)

| Enter gross amounts unless otherwise indicated | Unrelated b | usiness income | | ed by section 512, 513, or 514 | (e) | |
|---|-----------------|---------------------------------------|-----------------------|--------------------------------|---------------------------------------|--|
| | (a) Business | (b) Amount | (C) Exclu- sion | (d) | Related or exempt | |
| 1 Program service revenue | code | Amount | code | Amount | function income | |
| a | _ | | | | | |
| b | _ | | \sqcup | | · | |
| <u> </u> | | | | | · · · · · · · · · · · · · · · · · · · | |
| d | _ | | | | | |
| e | _ | | | | | |
| f | _ | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 1,267. 675,721. | | |
| 4 Dividends and interest from securities | 525990 | 184. | 14 | 675,721. | | |
| 5 Net rental income or (loss) from real estate | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | · · · · · · · · · · · · · · · · · · · | | | | |
| 6 Net rental income or (loss) from personal | | | | | | |
| property | | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | 525990 | 216. | 18 | 278,147. | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | . | | | | |
| 11 Other revenue | | | | | | |
| a ALLOCATION OF | | | | | | |
| b PARTNERSHIP INCOME | 525990 | -818. | 01 | 192,534. | | |
| C | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | -418. | | 1,147,669. | 0. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 1,147,251. | |
| (See worksheet in line 13 instructions to verify calculations |) | | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) |
|--------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 123621 12-02-11 | Form 990-PF (2011) |

Form **990-PF** (2011)

| Form 99 | 0-PF (2 | 2011) THE F | 'IRST HOS | PITAL F | OUNDATION | | 23-29 | 04262 | Pa | ige 13 |
|--------------|---------|---|--------------------------|-------------------|-----------------------------------|---|----------------------------------|--------------------------------|-----------|-----------|
| Part | XVII | | | nsfers To a | and Transactions | and Relation | ships With Noncl | naritable | • | |
| | | Exempt Organ | izations | | | | | | | |
| | | | | | ng with any other organizati | | ction 501(c) of | | Yes | No |
| | | | | | 27, relating to political orga | nizations? | | | | |
| | | from the reporting found: | ation to a nonchari | table exempt or | ganization of | | | | | ĺ |
| | Cash | | | | | | • | 1a(1) | | X |
| (2) | Other | assets . | | | | | | 1a(2) | | Х |
| | | sactions: | | | | | | | | |
| | | of assets to a noncharita | | | | | | 1b(1) | | X |
| | | nases of assets from a no | | torganization | | | | 1b(2) | | Х |
| (3) | Renta | al of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| | | bursement arrangements | } | | | | | 1b(4) | | X |
| | | s or loan guarantees | | | | | | 1b(5) | | X |
| | | rmance of services or me | | | | | | 1b(6) | | X |
| | | f facilities, equipment, ma | | | | | | 10 | <u></u> | X |
| | | | | | edule Column (b) should al | | | | ets, | |
| | | | | | ed less than fair market val | ue in any transactio | on or sharing arrangemen | t, show in | | |
| | | i) the value of the goods, | | | | | | | | |
| (a) ⊔ne r | 10 | (b) Amount involved | (c) Name | | exempt organization | (d) Description | on of transfers, transactions, a | ind sharing an | rangeme | nts |
| | | ···· | | N/A | | | | | | |
| | _ | · | | | | | | | | |
| | | | | | | | | | | |
| | + | - | | | | | | | | |
| | | | | | | | | | | |
| | + | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| | + | | | | | | | | | |
| | | | | | | | | | | |
| | | | | <u> </u> | | | | | | |
| | | | | | or more tax-exempt organ | izations described | | | r ww | _ |
| | | 501(c) of the Code (other | | c)(3)) or in sect | tion 527? | | | Yes | X | No |
| D IT | res, co | omplete the following sche (a) Name of org | | | (h) Type of aganuation | <u>, </u> | (a) December of state | | | |
| | | N/A | janization | | (b) Type of organization | | (c) Description of relation | nsnip | | |
| | | N/A | | | | ļ | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | · | | | <u> </u> | | | | | |
| | Linder | nenalties of negury I declare t | that I have examined the | hie mtum uncludin | g accompanying schedules and | I statemente, and to th | a best of my knowledge — | | | |
| Cian. | | | | | n taxpayer) is based on all infor | | | May the IRS of return with the | iscuss t | his er |
| Sign Here | | \sim | TAN | | 1/24/12 | MDEAG | | shown below | (see inst | tr)? |
| 11616 | Sign | ature of officer or trustee | | | 29/7/12 | TREAS | URER | X Yes | | J No ∣ |
| | Jugii | Print/Type preparer's na | ama | Preparer's si | Date | Title | Check If PTI | N | | |
| | | CHRISTOPHE | | riepaier s si | | Date | self- employed | N | | |
| Paid | | PETERMANN | 10 | | | 10/23/10 | | 00007 | 440 | |
| Prepa | | | ONNOR A | TTE O MA | NNS & DOBBIN | IC IID | Firm's EIN ► 13- | 00097 | | |
| Use (| | Firm's name PO'C | OMNOK DA | ATES MO | MIND & DORRIN | S, LLP | Firm's EIN P 13- | 3303U | ТÀ | |
| use (| וויכ | Firm's address ▶ 66 | S promu | מיוואים לא | | | | | | |
| | | | | | 2 | | 212 | 200 | 262 | ^ |
| | | NE | W YORK, 1 | NI IUUZ | | | Phone no 212 | –286 – | 2 0 U | U |

| • | | | | | | |
|--|-----------------------------|----------------------------|------------|-----------------------------------|----------------------------|-----------|
| FORM 990-PF INTEREST ON SAVI | INGS AND I | EMPORARY C | ASH 1 | INVESTMENTS | STATEMENT | 1 |
| SOURCE | | | | | AMOUNT | |
| INTEREST | | | | • | 1,2 | 67. |
| TOTAL TO FORM 990-PF, PART I, | LINE 3, | COLUMN A | | | 1,2 | 67. |
| | | | | | | |
| FORM 990-PF DIVIDEND | S AND INT | EREST FROM | SECU | JRITIES | STATEMENT | 2 |
| SOURCE | GRO | SS AMOUNT | | PITAL GAINS DIVIDENDS | COLUMN (A AMOUNT |) |
| CAPITAL GAIN DISTRIBUTIONS DIVIDEND INCOME | - | 135,939. 675,905. | | 135,939. | 675,9 | 0. 05. |
| TOTAL TO FM 990-PF, PART I, I | LN 4 | 811,844. | | 135,939. | 675,9 | 05. |
| FORM 990-PF | ОТНЕ | RINCOME | | | STATEMENT | 3 |
| DESCRIPTION | | (A) REVENUE PER BOOK | | (B) NET INVEST- MENT INCOME | | |
| ALLOCATION OF PARTNERSHIP INC FROM K-1'S ALLOCATION OF PARTNERSHIP INC | | 191, | 0. 716. | 188,016 | | |
| TOTAL TO FORM 990-PF, PART I, | LINE 11 | 191, | 716. | 188,016 | • | |
| FORM 990-PF | LEG | AL FEES | | | STATEMENT | 4 |
| DESCRIPTION | (A) EXPENSES PER BOOK | | | (C) ADJUSTED NET INCOM | (D) CHARITA E PURPOS | |
| MONTGOMERY, MCCRACKEN WALKER & RHOADS | 13,28 | 8. | 399. | | 12,9 | 29. |
| TO FM 990-PF, PG 1, LN 16A | 13,28 | 8. | 399. | · — | 12,9 | 29. |

| FORM 990-PF | ACCOUNTI | NG FEES | STATEMENT | | |
|---|---------------------------------------|-----------------------------------|-------------------------------|----------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| O'CONNOR DAVIES, LLP YOUR PART-TIME CONTROLLER | 21,500. 24,575. | 645. | | 18,855. 22,790. | |
| TO FORM 990-PF, PG 1, LN 16B | 46,075. | 1,382. | | 41,645. | |
| FORM 990-PF C | THER PROFES | SIONAL FEES | S' | PATEMENT 6 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| COLONIAL CONSULTING, LLC ONSITE COMPUTER SERVICES WEBSITE DEVELOPMENT ALEXANDRA SAMUELS | 58,577. 2,200. 2,850. 4,759. | 55,742. 66. 86. 143. | | 0. 2,884. 2,764. 4,616. | |
| TO FORM 990-PF, PG 1, LN 16C | 68,386. | 56,037. | | 10,264. | |
| FORM 990-PF | TAX | ES | S' | ratement 7 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| FEDERAL EXCISE TAXES UBTI TAXES FOREIGN TAXES | 22,099. 355. 0. | 0. 0. 12,375. | | 0. 0. 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 22,454. | 12,375. | | 0. | |

| FORM 990-PF | OTHER E | STATEMENT 8 | | |
|---|---|-----------------------------|--|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | |
| ADMINISTRATIVE FEES BANK SERVICE CHARGES OFFICE EXPENSES DUES AND SUBSCRIPTION MISCELLANEOUS INSURANCE OTHER PARTNERSHIP EXPENSES | 162,599. 271. 15,916. 7,050. 6,476. 5,297. | | 788. 271. 460. 0. 0. 159. | 134,571. 0. 15,110. 7,050. 5,713. 4,598. 0. |
| TO FORM 990-PF, PG 1, LN 23 | 197,609. | 159, | 778. | 167,042. |
| UNREALIZED LOSS ON INVESTMENT DEFERRED FEDERAL EXCISE TAX E TOTAL TO FORM 990-PF, PART II | EXPENSE | | | 1,794,133. 63,000. 1,857,133. |
| TOTAL TO FORM 990-PF, PART II | II, LINE 5 | | | 1,857,133. |
| FORM 990-PF U.S. AND S | STATE/CITY G | OVERNMENT | OBLIGATIONS | STATEMENT 10 |
| DESCRIPTION | U.S | | BOOK VALUE | FAIR MARKET VALUE |
| U.S. GOVERNMENT AND FOREIGN GOVERNMENT BONDS (SEE ATTACHM | X IENT A) | | 2,122,507. | 2,122,507. |
| TOTAL U.S. GOVERNMENT OBLIGAT | CIONS | • | 2,122,507. | 2,122,507. |
| TOTAL STATE AND MUNICIPAL GOV | ERNMENT OBL | IGATIONS | | |
| TOTAL TO FORM 990-PF, PART II | T.TNF 10A | • | 2,122,507. | 2,122,507. |

| FORM 990-PF OT | HER | INVESTMENTS | | STATEMENT 1 |
|---|------|---------------------------|---|--|
| DESCRIPTION | | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| FIXED INCOME BONDS (SEE ATTACHMEN | T | FMV | | |
| A) MUTUAL FUNDS (SEE ATTACHMENT A) HEDGE FUNDS (SEE ATTACHMENT A) PRIVATE EQUITIES (SEE ATTACHMENT REAL ESTATE FUND (SEE ATTACHMENT | | FMV FMV FMV FMV | 3,361,567. 9,984,066. 17,162,053. 1,112,372. 556,717. | 3,361,567 9,984,066 17,162,053 1,112,372 556,717 |
| TOTAL TO FORM 990-PF, PART II, LI | NE 1 | 13 | 32,176,775. | 32,176,775 |
| FORM 990-PF | OTI | HER ASSETS | | STATEMENT 1 |
| DESCRIPTION | | EGINNING OF BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| DEPOSITS DUE FROM INVESTMENT CUSTODIAN PREPAID FEDERAL EXCISE TAX | | 15,767. 800,000. 0. | 15,767. 1,656,061. 6,000. | 15,767 1,656,061 6,000 |
| TO FORM 990-PF, PART II, LINE 15 | | 815,767. | 1,677,828. | 1,677,828 |
| FORM 990-PF OT | HER | LIABILITIES | | STATEMENT 1 |
| DESCRIPTION | | | BOY AMOUNT | EOY AMOUNT |
| DEFERRED FEDERAL EXCISE TAX LIABI | LITY | ? | 0. | 63,000 |
| TOTAL TO FORM 990-PF, PART II, LI | NE 2 | 22 | 0. | 63,000 |

| FORM 990-PF PART VIII - LIST TRUSTEES AND | OF OFFICERS, FOUNDATION MAN | | STATI | EMENT 14 |
|--|-----------------------------|-------------------|-------|----------|
| NAME AND ADDRESS | | COMPEN- SATION | | EXPENSE |
| LOUIS J. MAYER, EDD, CPA, MBA 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | | 0. | 0. | 0. |
| JANE G. PEPPER 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | VICE CHAIR 2.00 | 0. | 0. | 0. |
| JULIA R. DUTTON, PHD 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | VICE CHAIR & 3.00 | TREASURER 0. | 0. | 0. |
| SUZANNE SHEEHAN BECKER 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | SECRETARY 2.00 | 0. | 0. | 0. |
| IJEOMA B. ACHARA-ABRAHAMS, PSY.D. 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | | 0. | 0. | 0. |
| REVEREND RALPH E. BLANKS 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | DIRECTOR 0.50 | 0. | 0. | 0. |
| R. MICHAEL BUCKLEY, MD, FACP 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | | 0. | 0. | 0. |
| MORRIS CHESTON, JR., ESQ. 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | DIRECTOR 2.00 | 0. | 0. | 0. |
| HELEN L. COONS, PHD, ABPP 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | | 0. | 0. | 0. |
| JOANNE R. DENWORTH 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | DIRECTOR 1.00 | 0. | 0. | 0. |
| GAIL W. HEARN, PHD 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | DIRECTOR 1.00 | 0. | 0. | 0. |

| THE FIRST HOSPITAL FOUNDATION | | | 23 | 3-2904262 |
|---|------------------|----|----|-----------|
| BRUCE W. HERDMAN, PHD, MBA 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | DIRECTOR 2.00 | 0. | 0. | 0. |
| KEITH KASPER 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | | 0. | 0. | 0. |
| NATALIE LEVKOVICH 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | DIRECTOR 2.00 | 0. | 0. | 0. |
| SUEYUN PYO LOCKS 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | | 0. | 0. | 0. |
| LAWRENCE T. MANGAN 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | DIRECTOR 1.00 | 0. | 0. | 0. |
| A. SCOTT MCNEAL, D.O. 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | | 0. | 0. | 0. |
| SUSAN E. PHILLIPS 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102 | DIRECTOR 1.50 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 0. | 0. | 0. |

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT 15 PART VII-B, LINE 5C

GRANTEE'S NAME

SEE ATTACHMENT E

GRANTEE'S ADDRESS

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

PURPOSE OF GRANT

20

The First Hospital Foundation EIN # 23-2904262 Schedule of Investments December 31, 2011

| Gryphon Internationa EAFE Growth Fund Iridian Private Equity | 3,012,736 2,563,693 | | |
|---|------------------------------|-----------|----------------------|
| | | | |
| | | | |
| Gryphon Internationa EAFE Growth Fund | 3,012,736 | | |
| Gryphon Internationa EAFE Growth Fund | \$ 3,801,968 3,012,736 | | |
| Gryphon Internationa EAFE Growth Fund | | | |
| Gryphon Internationa EAFE Growth Fund | 3,012,736 | | |
| | | | |
| Iridian Private Equity | | | |
| | 2,563,693 | | |
| | | | |
| Advisory Small/Mid Cap Value II | 1,591,011 | | |
| · | | | |
| Forester Offshore LTD Class B 1/10 | 2,046,014 | | |
| | | | |
| Forester Offshore LTD Class A 10/09 | 1,275,568 | | |
| TIFF Absolute Return Pool II | 2,871,063 | | |
| TIFF Absolute Return Pool II | 2,8/1,063 | | |
| | | © | 17 162 053 |
| | | <u>\$</u> | 17,162,053 |
| | | | |
| Private Equities | ··· | • | |
| Private Equities | | | |
| | 548.662 | · | |
| TIFF Private Equity Partners 2008, LLC | \$ 548,662 | | |
| TIFF Private Equity Partners 2008, LLC | \$ | | |
| TIFF Private Equity Partners 2008, LLC TIFF Private Equity Partners 2009, LLC | \$ 337,370 | | |
| TIFF Private Equity Partners 2008, LLC | \$ | | |
| TIFF Private Equity Partners 2008, LLC TIFF Private Equity Partners 2009, LLC | \$ 337,370 | | |
| TIFF Private Equity Partners 2008, LLC TIFF Private Equity Partners 2009, LLC | \$ 337,370 | \$ | 1,112,372 |
| TIFF Private Equity Partners 2008, LLC TIFF Private Equity Partners 2009, LLC TIFF Private Equity Partners 2011, LLC | \$ 337,370 | <u>\$</u> | 1,112,372 |
| TIFF Private Equity Partners 2009, LLC | \$ 337,370 | \$ | 1,112,372 |
| TIFF Private Equity Partners 2008, LLC TIFF Private Equity Partners 2009, LLC TIFF Private Equity Partners 2011, LLC | 337,370 226,340 | <u>\$</u> | 1,112,372 |
| TIFF Private Equity Partners 2008, LLC TIFF Private Equity Partners 2009, LLC TIFF Private Equity Partners 2011, LLC Real Estate Funds | \$ 337,370 | <u>\$</u> | 1,112,372 556,717 |

The First Hospital Foundation CAPITAL GAIN/(LOSS), NET (FORM 990-PF LINE 6A) December 31, 2011 EIN # 23-2904262

| DESCRIPTION | GAIN/(LOSS) |
|---|---|
| SALES OF NON-PUBLIC SECURITIES | |
| Advisory Research Small/Mid Cap Ashford Capital Partners, LP Gryphon International Eafe Growth Fund MIRELF IV NYC Core Retail Liquidity AIV, LP Stockplus Limited Partnership c/o Stockplus Management The Colchester Global Bond Fund TIFF Private Equity Partners 2008, LLC | 18,201 386,651 (468,266) 464 7,108 34,310 7,373 |
| TIFF Private Equity Partners 2009, LLC TIFF Private Equity Partners 2011, LLC Total Sales of Non-Public Securities | 13,044 |
| Total Realized Gain/(Loss) | \$ (1,11 <u>5</u>) |

| Organization Name and Address | Amount Paid Foundation Status of Recipient | f 💮 Program Name/Purpose of Grant |
|---|--|--|
| lace | | REST (Responding Effectively and Systematically to |
| P.O. Box 299 Dovlestown, PA 18901 | 10,000 Public Charity | Trauma) |
| Attic Youth Center | | |
| 255 S. 16th Street | 20,000 Public Charity | Mental Health Counseling for LGBTQ Youth |
| Philadelphia, PA 19102 | | |
| Augustinian Defenders of the Rights of the Poor | | |
| 259 North Lawrence Street | 15,000 Public Charity | Unity Clinic |
| Philadelphia, PA 19106 | | |
| Benefits Data Trust | | |
| 2 Logan Square, Suite 550 | 30,000 Public Charity | BenePhilly Enrollment Center |
| Philadelphia, PA 19103 | | |
| Caring Together Program at Philadelphia Health & | | |
| Education Corporation | SO OOO Bilding | Caring Together Brogram |
| 1601 Cherry Street, Suite 1050 | SO,000 rabits criainty | |
| Philadelphia, PA 19102 | | |
| Center for Advocacy for the Rights and Interests of the | | |
| Elderly | 25 000 Bulling | CABIE |
| 100 South Broad Street, Suite 1500 | בט,טטט דמטווג טוומוזיץ | |
| Philadelphia, PA 19110 | | |
| The Center for Autism | | |
| 3905 Ford Road, Suite 6 | 25,000 Public Charity | Social Competency Program |
| Philadelphia, PA 19131-5469 | | |
| Center In The Park | | In Touch: Health Dromotion and Evidence-Based |
| 5818 Germantown Avenue | 20,000 Public Charity | Drograms |
| Philadelphia, PA 19144 | | riograms |
| Chester County Food Bank | | |
| 1208 Horseshoe Pike | 30,000 Public Charity | Children's Food Backpack Program |
| Downington, PA 19335 | mandylm ny yoshida ny mandyly danishy yy y dalainin many y y y y many ny manganin ny many ny many ny many ny m | |
| The Children's Hospital of Philadelphia | | |
| 34th Street and Civic Center Boulevard | 35,000 Public Charity | Homeless Health Initiative |
| Philadelphia, PA 19104-4399 | | |
| | | |

| Organization Name and Address | Amount Paid | Foundation Status of Recipient | Program Name/Purpose of Grant |
|---|-------------|-----------------------------------|---|
| Collaborative Family Healthcare Association | | | |
| P. O. Box 23980 | 5,000 | 5,000 Public Charity | Sponsorsnip or annual national conference in |
| Rochester, New York 14692-3980 | | | rilliauelpilla |
| Community Volunteers in Medicine | | | |
| 300 B Lawrence Drive | 40,000 | 40,000 Public Charity | Advancing the impact of diabetes management |
| West Chester, PA 19380 | | | |
| Crozer-Chester Foundation | | | |
| for Crozer-Chester Medical Center | 200 | | |
| One Medical Center Boulevard | 35,000 | 35,000 Public Charity | Crozer Weliness Center |
| Upland, PA 19013 | | | |
| Daemion Counseling Center | | | |
| 95 Howellville Road | 000 | | |
| PO Box 77 | non'c | Sood Fublic Clianty | rainity and Student Studial Simp rund |
| Berwyn, PA 19312 | | | |
| Deaf-Hearing Communication Centre, Inc. | | | Land House County County (Section 1) |
| 630 Fairview Road, Suite 100 | 5,000 | 5,000 Public Charity | nospital allu nealtiicale Providers Education allu |
| Swarthmore, PA 19081-2335 | | | Outreacii |
| Delaware Valley Grantmakers | | | |
| 230 South Broad Street, Suite 402 | 200 | 500 Public Charity | DVG Annual Meeting Sponsorship |
| Philadelphia, PA 19102 | | | |
| Drexel University, School of Public Health | | | |
| Center for Hunger-Free Communities | | | Improving Child Health and Development through |
| 1505 Race St., Bellet Building, 11th Floor | 14,130 | 14,130 Public Charity | Changing Policy on Access to the Child and Adult Care |
| Mail Stop 1035 | | | Food Program |
| Philadelphia, PA 19102 | | | |
| Esperanza Health Center | | | |
| 4417 N. 6th Street | 10,000 | 10,000 Public Charity | Pediatric Behavioral Health Consultation |
| Philadelphia, PA 19140-2319 | | | |
| Fair Food | | | |
| 1315 Walnut Street, Suite 522 | 20,721 | Public Charity | Double Bucks Program |
| Philadelphia, PA 19107 | | | |

| Organization Name and Address | mount Paid | Foundation Status of Recipient | Program Name/Purpose of Grant |
|---|------------|---|--|
| Family Support Line | | | and the second s |
| 100 West Sixth Street | 40,000 | 40,000 Public Charity | Child Sexual Abuse Prevention Education Programs |
| Media, PA 19063 | | | |
| Gearing Up | | | |
| 1221 Locust Street, Suite 105 | 10,000 | 10,000 Public Charity | Women in Transition Bicycle Program |
| Philadelphia, PA 19107 | | | |
| Greater Philadelphia Coalition Against Hunger | | | |
| 1725 Fairmount Ave, Unit 102 | 20,000 | 20,000 Public Charity | SNAP Outreach Campaign |
| Philadelphia, PA 19130 | | | |
| Institute for Safe Families | | | |
| 3502 Scotts Lane, A-4 | 30,000 | 30,000 Public Charity | Pediatric Champions |
| Philadelphia, PA 19129 | ; | | |
| Intercultural Family Services, Inc. | | | |
| 4225 Chestnut Street | 40,000 | 40,000 Public Charity | Functional Family Therapy |
| Philadelphia, PA 19104 | | | |
| Kids Smiles, Inc. | | | |
| 3751 Island Avenue, 2nd Floor | 40,000 | 40,000 Public Charity | General Operating Support |
| Philadelphia, PA 19153 | | | |
| Maternal and Child Health Consortium | | | |
| 30 West Barnard Street, Suite 1 | 25,000 | 25,000 Public Charity | Healthy Start |
| West Chester, PA 19382 | | | |
| Child Advocacy Center of Montgomery County | | | |
| dba Mission Kids | 000 | : 0 1 | A coordinated response to child abuse/case |
| PO Box 413 | 40,000 | 40,000 Public Charity | coordinator program |
| Blue Bell, PA 19422 | | | |
| Pennsylvania Hospital | | Terronistis of symposius properties and the second | |
| 3 Pine East, 800 Spruce Street | 63,495 | 63,495 Public Charity | Archivist - Historic Collections |
| Philadelphia, PA 19107-6192 | | | |
| Pennsylvania Hospital | | | |
| 800 Spruce Street | 100,000 | 100,000 Public Charity | Save the Pine Building Restoration program |
| Philadelphia, PA 19107-6192 | | наданиция на учения должной должно и поставления поставлено должной поставления в поставления в поставления в | |

| Organization Name and Address | Amount Paid | Amount Paid Foundation Status of Recipient | Program Name/Purpose of Grant |
|---|-------------|--|--|
| Pennsylvania Hospital Department of Obstetrics & Gynecology 800 Spruce Street, 2nd Floor Philadelphia, PA 19107-6192 | 000'09 | 60,000 Public Charity | Latinas Community Health Services |
| Pennsylvania Hospital Hall Mercer Community Behavioral Health Center 800 Spruce Street Philadelphia, PA 19107-6192 | 40,000 | 40,000 Public Charity | Penn Center for Youth & Family Trauma Response & Recovery |
| Pennsylvania Hospital, J. Edwin Wood Clinic 700 Spruce Street, Duncan Bldg., Suite 304 Philadelphia, PA 19106 | 20,500 | 50,500 Public Charity | Wood Clinic-Patient Navigator Program |
| Pennsylvania Hospital Section of Neonatology 800 Spruce Street Philadelphia, PA 19107-6192 | 29,600 | 59,600 Public Charity | Early assessment and detection of developmental abnormalities in high risk preterm infants |
| Phoenixville Healthcare Access Foundation 723 Wheatland Street, Suite 2C P.O. Box 591 Phoenixville, PA 19460 | 25,000 | 25,000 Private Foundation | Dental Program of Phoenixville Health Care Access |
| Planned Parenthood Southeastern Pennsylvania 1144 Locust Street Philadelphia, PA 19107 | 30,000 | 30,000 Public Charity | Promotores de Salud ("Health Promoters") |
| Public Citizens for Children and Youth 1709 Benjamin Franklin Parkway Philadelphia, PA 19103 | 10,000 | 10,000 Public Charity | Project Linking Children and Youth to Behavioral Health Care Services-In and Outside of Schools |
| Public Citizens for Children and Youth 1709 Benjamin Franklin Parkway Philadelphia, PA 19103 | 35,000 | 35,000 Public Charity | Give Kids Sight Day, 2012 |
| Puentes de Salud 2029 South 8th Street Philadelphia, PA 19148 | 40,125 | 40,125 Public Charity | Latino Integrated Primary Care Behavioral Health Program |

| Organization Name and Address Amount | Foundation Status of Recipient | Program Name/Purpose of Grant |
|---|--|---|
| Resources for Human Development | | |
| 1105 Ormond Avenue | 20,000 Public Charity | Healthy NewsWorks Student Media Program |
| P.O. Box 431 | | |
| Drexel Hill, PA 19026 | | |
| Sayre Health Center | | |
| 5800 Walnut Street | 30,000 Public Charity | FLASH |
| Philadelphia, PA 19143 | | |
| Smith Memorial Playground & Playhouse, Inc. | | |
| East Fairmount Park | 5,000 Public Charity | Play for All |
| Philadelphia, PA 19121 | | |
| St. Catherine Laboure Medical Clinic | | |
| Philadelphia, PA 19144 | 40,000 Public Charity | Nurse Expansion Project |
| 5838 Germantown Avenue | терина айтарим мененина на вередения на вередения на поставления на пределения на поставления на поставления н | |
| Sunday Suppers, a division of SHARE Food Program | | |
| 7203 Lincoln Drive | 45,000 Public Charity | Sunday Suppers |
| Philadelphia, PA 19119 | | |
| Support Center for Child Advocates | | |
| 1900 Cherry Street | 40,000 Public Charity | General Operating Support |
| Philadelphia, PA 19103-1405 | | |
| Supportive Older Women's Network | | |
| 4100 Main Street, Suite 200 | 55,000 Public Charity | Wellness Center Without Walls |
| Philadelphia, PA 19127 | | |
| Visiting Nurse Association - Community Services, Inc. | | |
| 1421 Highland Avenue | 50,000 Public Charity | Children's Health Centers with Support Accessing |
| Abington, PA 19001 | | rubile and social services benefits |
| Women Against Abuse, Inc. | | Tenima informal holonitarial hondish continue for |
| 100 South Broad Street, Suite 1341 | 40,000 Public Charity | virtime of domestic violence |
| Philadelphia, PA 19110 | | VICINIS OF ACTUAL VICIENCE |

December 31, 2011

| Youth Service, Inc. 410 North 34th Street Philadelphia, PA 19104 TOTAL GRANTS PAID IN 2011 \$ 1,474,071 | Organization Name and Address | An | nount Paid Foundation Status of Recipient | of Program Name/Purpose of Grant |
|--|-------------------------------|----|--|--|
| 15,000 Public Charity tANTS PAID IN 2011 \$ 1,474,071 | Youth Service, Inc. | | THE PROPERTY OF THE PROPERTY O | |
| ANTS PAID IN 2011 \$ | 410 North 34th Street | | 15,000 Public Charity | Medical Clinic for Runaway and Homeless Youth |
| \$ | Philadelphia, PA 19104 | | | |
| | TOTAL GRANTS PAID IN 2011 | \$ | 1,474,071 | |
| | | | | de des la constitución de la con |

The First Hospital Foundation Form 990-PF: Part XV, Line 3b Approved for Future Payment

December 31, 2011

| Organization Name and Address | Year 2 | Year 3 | Foundation Status of Recipient | Program Name/Purpose of Grant |
|--|--------|--------|-----------------------------------|---|
| Benefits Data Trust 2 Logan Square, Suite 550 Philadelphia, PA 19103 | 30,000 | | Public Charity | BenePhilly Enrollment Center |
| Community Volunteers in Medicine 300 B Lawrence Drive West Chester, PA 19380 | 40,000 | | Public Charity | Advancing the impact of diabetes management |
| Crozer-Chester Foundation for Crozer-Chester Medical Center One Medical Center Boulevard Upland, PA 19013 | 39,931 | 40,006 | Public Charity | Crozer Wellness Center |
| Drexel University, School of Public Health Center for Hunger-Free Communities 1505 Race St., Bellet Building, 11th Floor Mail Stop 1035 Philadelphia, PA 19102 | 15,870 | | Public Charity | Improving Child Health and Development through Changing Policy on Access to the Child and Adult Care Food Program |
| Gearing Up 1221 Locust Street, Suite 105 Philadelphia, PA 19107 | 10,000 | | Public Charity | Women in Transition Bicycle Program |
| Legal Clinic for the Disabled, Inc. 1513 Race Street Philadelphia, PA 19102-1125 | 20,000 | | Public Charity | Medical Legal Partnerships NOTE: a contingency grant paid in 2012 |
| Child Advocacy Center of Montgomery County dba Mission Kids PO Box 413 Blue Bell, PA 19422 | 40,000 | | Public Charity | A coordinated response to child abuse/case coordinator program |
| Pennsylvania Hospital Hall Mercer Community Behavioral Health Center 800 Spruce Street Philadelphia, PA 19107-6192 | 40,000 | | Public Charity | Child and Family Service Therapeutic Day Program NOTE: a contingency grant; not paid to-date |

The First Hospital Foundation

Form 990-PF: Part XV, Line 3b Approved for Future Payment

December 31, 2011

| Organization Name and Address | | Year 2 | Year 3 | oundation Status of Recipient | Program Name/Purpose of Grant |
|---|----------|----------------------------|--------|----------------------------------|--|
| Pennsylvania Hospital, J. Edwin Wood Clinic 700 Spruce Street, Duncan Bldg., Suite 304 | | 50,500 | | Public Charity | Wood Clinic-Patient Navigator Program |
| Philadelphia, PA 19106 | | | | | |
| Puentes de Salud | | | | | 19 |
| 2029 South 8th Street | | 40,125 | 40,125 | Public Charity | Latino integrated Primary Care benavioral neatin |
| Philadelphia, PA 19148 | | | | | Program |
| | TOTAL \$ | TOTAL \$ 326,426 \$ 80,131 | 80,131 | | |
| | | | | | |

TOTAL GRANTS PAYABLE @ 12/31/2011

406,557

The First Hospital Foundation EIN#: 23-2904262

FORM 990-PF DECEMBER 31, 2011 TAX YEAR

PART VII-B - SUPPLEMENTARY INFORMATION Line 5C – Grants & Contributions

1. Grantee's name & address:

Phoenixville Healthcare Access Foundation 723 Wheatland Street, Suite 2C P.O. Box 591 Phoenixville, PA 19460

2. Date and amount of the grant:

A grant totaling \$25,000 was awarded to the Phoenixville Healthcare Access Foundation on December 16, 2011 to be used for services in calendar year 2012.

3. Purpose of the grant:

The purpose of the grant is to support the Dental Program, which provides dental care to low-income children and adults whose families lack insurance coverage for dental services.

- 4. To the knowledge of the taxpayer, no portion of the funds contributed by Phoenixville Healthcare Access Foundation has been diverted from the purposes of the grant.
- 5. Phoenixville Healthcare Access Foundation provided The First Hospital Foundation with an Interim Grant Report on July 31, 2012.

The purpose of this statement is to satisfy the report-making requirements of Section 4945(h)(3) of the Internal Revenue Code of 1986, as amended, regarding taxpayer expenditure responsibility.

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| ● If you a | tre filing for an Automatic 3-Month Extension, complet | e only Pa | rt I and check this box | | 1 | ▼ [X] |
|---------------------------|---|-------------|--|-------------|--------------------|---------------|
| • | are filing for an Additional (Not Automatic) 3-Month Ext | _ | | this form). | | |
| • | omplete Part II unless you have already been granted a | | | | m 8868. | |
| | c filing (e-file). You can electronically file Form 8868 if y | | | | | poration |
| | o file Form 990-T), or an additional (not automatic) 3-mor | | | | | |
| | file any of the forms listed in Part I or Part II with the exc | | | | | |
| | Benefit Contracts, which must be sent to the IRS in paper | | | | | |
| visit www | irs gov/efile and click on e-file for Chanties & Nonprofits. | | | | | |
| Part I | Automatic 3-Month Extension of Time | . Only s | ubmit original (no copies ne | eded). | | |
| A corpora | ation required to file Form 990-T and requesting an auton | natic 6-mo | nth extension - check this box and | complete | | |
| Part I only | | | | | | ▶ □ |
| | corporations (including 1120-C filers), partnerships, REM | ICs, and ti | rusts must use Form 7004 to reques | t an exten | sion of time | |
| | ome tax returns. | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | |
| Type or print | Name of exempt organization or other filer, see instruc | ctions. | | Employer | identification nui | , , |
| File by the | THE FIRST HOSPITAL FOUNDAT | | | X | 23-29042 | |
| due date for fiting your | Number, street, and room or suite no. If a P.O. box, so 230 SOUTH BROAD STREET, NO. | | tions. | Social see | cunty number (SS | 3N) |
| retum See Instructions | City, town or post office, state, and ZIP code. For a for PHILADELPHIA, PA 19102 | oreign add | ress, see instructions. | | | |
| F-4 4b | Datum and for the waters that the application is for file | | to contraction for each return) | | | 0 4 |
| chier the | Return code for the return that this application is for (file | a separa | te application for each return) | | | |
| Applicati | on | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 990 |) | 01 | Form 990-T (corporation) | | | 07 |
| Form 990 |)-BL | | | 08 | | |
| Form 990 |)-EZ | | | 09 | | |
| Form 990 |)-PF | | | 10 | | |
| Form 990 | 9-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990 |)-T (trust other than above) | 06 | Form 8870 | | | 12 |
| | | | ECUTIVE DIRECTOR - | | SOUTH BRO |)AD |
| | ooks are in the care of ► STREET, SUITE | 102 - | PHILADELPHIA, PA | 19102 | | |
| Teleph | none No. ► 215-546-4290 | | FAX No. ► | | | . — |
| | organization does not have an office or place of business | | | | | ▶ □ |
| | is for a Group Return, enter the organization's four digit | | | | r the whole group | |
| box ► | . If it is for part of the group, check this box | _ | | | ers the extension | is for. |
| 1 Ire | quest an automatic 3-month (6 months for a corporation AUGUST 15, 2012, to file the exemp | | to file Form 990-T) extension of time tion return for the organization name | | The extension | |
| ıs fe | or the organization's return for | | · · | | | |
| | X calendar year 2011 or | | | | | |
| > | tax year beginning | , an | d ending | | _ • | |
| 2 f ti | ne tax year entered in line 1 is for less than 12 months, c | heck reas | on: Initial return | Final retur | n | |
| | Change in accounting period | | · - | | | |
| 3a If th | nis application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | nter the tentative tax, less any | | | |
| | nrefundable credits. See Instructions. | | | 3a | \$ 2 | 28,099. |
| b If the | his application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and | | _ | |
| | ımated tax payments made. İnclude any prior year overp | | | 3b | \$ | 28,099. |
| | lance due. Subtract line 3b from line 3a. Include your pa | - | | | | ^ |
| | using EFTPS (Electronic Federal Tax Payment System). | | | 3c | \$ | 0. |
| | If you are going to make an electronic fund withdrawal v | - | | orm 8879- | | |
| LHA F | or Privacy Act and Paperwork Reduction Act Notice, | see Instr | uctions. | | Form 8868 | (Rev. 1-2012) |

123841 01-04-12

| Form 8868 (Rev. 1-2012) | | ···· | | | Page 2 | | |
|---|--------------------|--|--------------|-------------|------------------|--|--|
| If you are filing for an Additional (Not Automatic) 3-Mon | nth Extension, o | complete only Part II and check the | s box | | ightharpoons | | |
| Note. Only complete Part II if you have already been grante If you are filing for an Automatic 3-Month Extension, co | | | iled Form | 3868. | | | |
| Part II Additional (Not Automatic) 3-Mor | nth Extensio | n of Time. Only file the origin | nal (no c | opies ne | eded). | | |
| | | Enter filer's | identifyin | g number, | see instructions | | |
| ype or Name of exempt organization or other filer, see instructions Employer identification numbers | | | | | | | |
| print | | | l | | | | |
| File by the THE FIRST HOSPITAL FOUND | ATION | | X | 23-29 | 04262 | | |
| due date for fliing your return See 230 SOUTH BROAD STREET, | | tions. | Social se | cunty numb | oer (SSN) | | |
| instructions City, town or post office, state, and ZIP code. PHILADELPHIA, PA 19102 | For a foreign add | lress, see instructions. | | | | | |
| Enter the Return code for the return that this application is | for (file a separa | te application for each return) | | | 04 | | |
| Application | Return | Application | | · · · · · · | Return | | |
| Is For | Code | Is For | | | Code | | |
| Form 990 Form 990-BL 02 Form 1041-A | | | | | | | |
| Form 990-EZ | 01 | Form 4720 | | | 08 09 | | |
| Form 990-PF | 04 | Form 5227 | | | 10 | | |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| STOP! Do not complete Part II if you were not already g | ranted an autor | | iously file | d Form 88 | | | |
| The books are in the care of ► STREET, SUI's Telephone No. ► 215-546-4290 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four place of the state of the organization of the state of the organization of the state of the organization of the state of the organization of the organization of the state of the organization of the organi | TE 402 — | FAX No. ▶ | 19102 | | . ▶ □ | | |
| box ▶ . If it is for part of the group, check this box | | ch a list with the names and EINs o | | | - • | | |
| 4 I request an additional 3-month extension of time unt | | BER 15, 2012. | | | | | |
| 5 For calendar year 2011, or other tax year beginni | ng | , and endir | ıg | | | | |
| 6 If the tax year entered in line 5 is for less than 12 more Change in accounting period | nths, check reas | on: Initial return | Final r | eturn | • | | |
| 7 State in detail why you need the extension | | | | | | | |
| ADDITIONAL INFORMATION REQUIS NOT YET AVAILABLE. | UIRED TO | FILE A COMPLETE A | ND AC | CURATE | ERETURN | | |
| | | | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, | 4720, or 6069, e | nter the tentative tax, less any | | | | | |
| nonrefundable credits. See instructions. | | | 8a | \$ | 28,099. | | |
| b If this application is for Form 990-PF, 990-T, 4720, or | | | | | | | |
| tax payments made. Include any prior year overpayn | nent allowed as | a credit and any amount paid | <u> </u> | | 20 000 | | |
| previously with Form 8868. | | | 8b | \$ | 28,099. | | |
| c Balance due. Subtract line 8b from line 8a. Include y | • • | in this form, if required, by using | | | 0. | | |
| EFTPS (Electronic Federal Tax Payment System). Se | | et he completed for De-t II | 8c | \$ | | | |
| Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepare | , including accomp | st be completed for Part II of panying schedules and statements, and t | o the best o | | | | |
| Signature Muchan Whican Tit | | | Date | ▶ 8 | 19/12 | | |

Form 8868 (Rev. 1-2012)