

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE FIRST HOSPITAL FOUNDATION Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 230 SOUTH BROAD STREET 402 City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19102	D Employer identification number 23-2904262
		E Telephone number 215-546-4290	G Gross receipts \$ 6,135,181.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.FIRSTHOSPITALFDN.ORG		H(c) Group exemption number ▶ _____	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____		L Year of formation: 1997 M State of legal domicile: PA	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORTS PROGRAMS THAT IMPROVE THE HEALTH OF VULNERABLE AND UNDERSERVED POPULATIONS IN THE GREATER		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,819,257.	-3,681,557.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,819,257.	-3,681,557.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,321,679.	1,048,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	258,818.	294,479.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,580,497.	1,342,479.
19 Revenue less expenses. Subtract line 18 from line 12	1,238,760.	-5,024,036.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 43,419,303.	End of Year 29,904,945.
	21 Total liabilities (Part X, line 26)	455,202.	171,156.
	22 Net assets or fund balances. Subtract line 21 from line 20	42,964,101.	29,733,789.

Part II Signature Block

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

Sign Here	Signature of officer _____	Date _____
	Type or print name and title _____	

Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 O'CONNOR DAVIES MUNNS & DOBBINS, LLP 60 EAST 42ND STREET, 36TH FLOOR NEW YORK, NY 10165	EIN ▶ _____	Phone no. ▶ 212-286-2600	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION IN KEEPING WITH THE SPIRIT OF PENNSYLVANIA HOSPITAL'S HISTORIC MISSION THE FIRST HOSPITAL FOUNDATION SUPPORTS PROGRAMS THAT IMPROVE THE HEALTH OF VULNERABLE AND UNDERSERVED POPULATIONS IN THE GREATER PHILADELPHIA REGION. THE FIRST HOSPITAL FOUNDATION HAS A SECONDARY

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 [X] 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 [X] 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 \$ 1,157,119. including grants of \$ 1,048,000.) (Revenue \$) THE FOUNDATION WAS ESTABLISHED TO PERPETUATE THE ORIGINAL MISSION OF THE PENNSYLVANIA HOSPITAL AS SET FORTH IN 1751 AND SUPPORT THE PRESERVATION OF THE HISTORIC ARTIFACTS AND MEMORIALS OF THE PENNSYLVANIA HOSPITAL. THE FOUNDATION SERVES 501(C)(3) ORGANIZATIONS WHOSE PROGRAMS ADDRESS THE HEALTH NEEDS OF THE VULNERABLE AND UNDERSERVED IN THE GREATER PHILADELPHIA REGION. GRANTS ARE MADE TO SUPPORT DIRECT SERVICE PROGRAMS, AS WELL AS EDUCATION, RESEARCH, PUBLIC POLICY, AND ADVOCACY INITIATIVES.

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

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

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

4e Total program service expenses \$ 1,157,119. (Must equal Part IX, Line 25, column (B).)

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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any 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>		X
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>		X
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>		X
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>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part II</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
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	X
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	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
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	X
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	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	7	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	0	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	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)?	X	
4b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See the instructions for exceptions and 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	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).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		15
b	Enter the number of voting members that are independent		15
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?		X
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
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?		X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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?		X
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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	ANN MARIE HEALY, EXECUTIVE DIRECTOR - 215-546-4290 230 SOUTH BROAD STREET, SUITE 402, PHILADELPHIA, PA 19102

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOANNE R. DENWORTH CHAIR	4.00	X					0.	0.	0.	
MORRIS LLOYD, JR. VICE CHAIR	1.00	X					0.	0.	0.	
JANE G. PEPPER SECRETARY	1.00	X					0.	0.	0.	
LOUIS J. MAYER TREASURER	5.00	X					0.	0.	0.	
IJEOMA ACHARA-ABRAHAMS BOARD DIRECTOR	1.00	X					0.	0.	0.	
SUZANNE SHEEHAN BECKER BOARD DIRECTOR	2.00	X					0.	0.	0.	
REVEREND RALPH BLANKS BOARD DIRECTOR	0.50	X					0.	0.	0.	
MORRIS CHESTON, JR. BOARD DIRECTOR	1.50	X					0.	0.	0.	
JULIA DUTTON BOARD DIRECTOR	2.00	X					0.	0.	0.	
GAIL W. HEARN BOARD DIRECTOR	1.00	X					0.	0.	0.	
BRUCE W. HERDMAN BOARD DIRECTOR	2.00	X					0.	0.	0.	
KEITH KASPER BOARD DIRECTOR	0.50	X					0.	0.	0.	
NATALIE LEVKOVICH BOARD DIRECTOR	3.00	X					0.	0.	0.	
LAWRENCE T. MANGAN BOARD DIRECTOR	0.50	X					0.	0.	0.	
SUSAN E. PHILLIPS BOARD DIRECTOR	0.50	X					0.	0.	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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
	Program Service Revenue	2 a	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)		561,900.		561,900.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	5127512.			
		(ii) Other	445,769.			
		b Less: cost or other basis and sales expenses	9816738.			
		c Gain or (loss)	-4689226	445,769.		
	d Net gain or (loss)			-4243457.		-4243457.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			-3681557.	0.	0.	-3681557.

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	1,048,000.	1,048,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
11 Fees for services (non-employees):				
a Management	115,918.	69,550.	46,368.	
b Legal	16,340.		16,340.	
c Accounting	38,625.		38,625.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	60,088.		60,088.	
g Other	21,850.	21,850.		
12 Advertising and promotion				
13 Office expenses	10,192.	250.	9,942.	
14 Information technology	2,200.		2,200.	
15 Royalties				
16 Occupancy	8,435.	5,061.	3,374.	
17 Travel	1,625.	1,290.	335.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,924.	3,573.	351.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	931.		931.	
23 Insurance	6,267.		6,267.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DUES AND SUBSCRIPTION	7,714.	7,545.	169.	
b BANK SERVICE CHARGES	370.		370.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,342,479.	1,157,119.	185,360.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing		1
	2 Savings and temporary cash investments	233,038.	2 3,054,807.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	2,635.	9 1,889.
	10a Land, buildings, and equipment: cost basis	10a 8,809.	
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 931.	10c 7,878.
	11 Investments - publicly traded securities	9,447,496.	11 6,753,044.
	12 Investments - other securities. See Part IV, line 11	33,721,134.	12 20,071,560.
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	15,000.	15 15,767.
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,419,303.	16 29,904,945.	
Liabilities	17 Accounts payable and accrued expenses	10,869.	17 31,156.
	18 Grants payable	444,333.	18 140,000.
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow 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		24
	25 Other liabilities. Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	455,202.	26 171,156.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	42,964,101.	27 29,733,789.
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances	42,964,101.	33 29,733,789.	
34 Total liabilities and net assets/fund balances	43,419,303.	34 29,904,945.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3625065.	3882670.				7507735.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	3625065.	3882670.				7507735.
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.						7507735.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3625065.	3882670.				7507735.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1128355.	1049476.	912,399.	1139139.	1007669.	5237038.
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.)	34,609.					34,609.
11 Total support. Add lines 7 through 10						12779382.

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	58.75 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	71.59 %

16a **33 1/3% support test - 2008.** 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 - 2007.** If the organization did not check a 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 - 2008.** 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 - 2007.** 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 II Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **THE FIRST HOSPITAL FOUNDATION** Employer identification number **23-2904262**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 important land area

Protection of natural habitat Preservation of 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, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds. Complete if 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
 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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		8,060.	806.	7,254.
e Other		749.	125.	624.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				7,878.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE FIRST HOSPITAL FOUNDATION

Employer identification number
23-2904262

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		recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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		
11TH STREET FAMILY HEALTH SERVICES CENTER OF DREXEL UNIVERSITY - 850 NORTH 11TH STREET - PHILADELPHIA, PA 19123	23-1352530	501(C)(3)	54,000.	0.			PRIMARY CARE BEHAVIORAL HEALTH MODEL OF CARE FOR CHILDREN & FAMILIES.		
THE ADOPTION CENTER OF DELAWARE VALLEY - 1500 WALNUT STREET, SUITE 701 - PHILADELPHIA, PA 19102	23-2484926	501(C)(3)	10,000.	0.			CHILD PREPARATION PROGRAM		
ALS ASSOCIATION, GREATER PHILADELPHIA CHAPTER - 321 NORRISTOWN RD., SUITE 260 - AMBLER, PA 19002-2755	23-2387205	501(C)(3)	50,000.	0.			IN-HOME CARE PROGRAM FOR INDIVIDUALS WITH ALS		
ANTI-VIOLENCE PARTNERSHIP OF PHILADELPHIA - 200 HAMILTON STREET - PHILADELPHIA, PA 19130	23-2308332	501(C)(3)	20,000.	0.			AVP COUNSELING CENTER CHILD VICTIM SPECIALIST		
BETHESDA PROJECT 1630 SOUTH STREET PHILADELPHIA, PA 19146	23-2209338	501(C)(3)	60,000.	0.			FULL-TIME REGISTERED NURSE POSITION		
BRIDGING THE GAPS: PHILADELPHIA COMMUNITY HEALTH INTERNSHIP PROGRAM - 423 GUARDIAN DRIVE - PHILADELPHIA, PA 19104-6021	23-1352585	501(C)(3)	40,000.	0.			PHILADELPHIA COMMUNITY HEALTH INTERNSHIP PROGRAM	24.	

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

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

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

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

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

SCHEDULE I, PART I, LINE 2: THE FOUNDATION HAS CLEAR GRANTMAKING GUIDELINES AND FUNDING PRIORITIES AND THESE ARE STATED ON ITS WEBSITE. THE WEBSITE DESCRIBES AN ANNUAL GRANT CYCLE. IF AN ORGANIZATION MEETS THE CRITERIA AND WISHES TO APPLY, IT MAY SUBMIT A THREE-PAGE PROPOSAL THAT DESCRIBES ITS MISSION AND THE NATURE OF THE PROGRAM FOR WHICH FUNDS ARE BEING SOUGHT, AND PROVIDE A DETAILED LINE ITEM BUDGET AND THE APPLICATION COVER SHEET. GRANT AWARDS ARE MADE FOR A ONE YEAR PERIOD IN DECEMBER FOR THE FOLLOWING YEAR.

UPON MAKING A GRANT, THE FOUNDATION SENDS A GRANT AWARD PACKET TO THE

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization

THE FIRST HOSPITAL FOUNDATION

Employer identification number
23-2904262

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(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
CHILD ABUSE PREVENTION EFFORT 8001 ROOSEVELT BOULEVARD, SUITE 404 SMYLYE TIMES BUILDING - PHILADELPHIA, PA	23-7286726	501(C)(3)	20,000.	0.			EMERGENCY FAMILY FUND & WORKSHOP FOR PARENTS AND PROFESSIONALS
CHOICE, INC 1233 LOCUST STREET, SUITE 100 PHILADELPHIA, PA 19107	23-1894084	501(C)(3)	10,000.	0.			EDUCATION AND OUTREACH TO THE SPANISH COMMUNITY
CONGRESO DE LATINOS UNIDOS 216 W. SOMERSET STREET PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	45,000.	0.			UN BUEN COMIENZO "A GOOD BEGINNING" PROGRAM
DEAF-HEARING COMMUNICATION CENTRE, INC - 630 FAIRVIEW ROAD, SUITE 100 - SWARTHMORE, PA 19081-2335	23-7407560	501(C)(3)	5,000.	0.			HOSPITAL & HEALTHCARE PROVIDERS EDUCATION AND OUTREACH PROGRAM
FEDERATION EARLY LEARNING SERVICES 10700 JAMISON AVENUE PHILADELPHIA, PA 19116	23-1352554	501(C)(3)	52,000.	0.			PEDIATRIC OCCUPATIONAL THERAPIST
THE FOOD TRUST ONE PENN CENTER, SUITE 900 PHILADELPHIA, PA 19103	23-2678383	501(C)(3)	20,000.	0.			HEALTHY TIMES STUDENT-WRITTEN NEWSPAPER
HEALTHLINK MEDICAL CENTER 1775 STREET ROAD SOUTHAMPTON, PA 18966	23-2998708	501(C)(3)	36,000.	0.			PHARMACEUTICAL PRESERVATION INITIATIVE IMPROVING HEALTH CARE
INSTITUTE FOR SAFE FAMILIES 3502 SCOTTS LANE BUILDING 1, SUITE 4 PHILADELPHIA, PA 19129	41-2024260	501(C)(3)	33,000.	0.			IDENTIFICATION OF AND RESPONSE TO DOMESTIC VIOLENCE PROGRAM

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number
23-2904262

Part I THE FIRST HOSPITAL FOUNDATION

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(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
KEYSTONE HOSPICE 8765 STENTON AVENUE WYNDMOOR, PA 19038	23-2757697	501(C)(3)	60,000.	0.			CARE OF INDIGENT HOSPICE PATIENTS
KIDS SMILES 2821 ISLAND AVENUE, SUITE 210 PHILADELPHIA, PA 19153	30-0249717	501(C)(3)	30,000.	0.			SOUTHWEST PHILADELPHIA DENTAL SERVICE DELIVERY EXPANSION
MATERNITY CARE COALITION OF GREATER PHILADELPHIA - 2000 HAMILTON STREET, SUITE 205 - PHILADELPHIA, PA 19130	23-2200410	501(C)(3)	35,000.	0.			MOBILE AT RIVERSIDE CORRECTIONAL FACILITY
PENNSYLVANIA HOSPITAL 3 PINE EAST, 800 SPRUCE STREET PHILADELPHIA, PA 19107-6192	31-1538725	501(C)(3)	57,000.	0.			ARCHIVIST FOR THE PRESERVATION OF THE HISTORIC ARTIFACTS AND MEMORIALS
PENNSYLVANIA HOSPITAL, FAMILY EDUCATION DEPARTMENT - 800 SPRUCE STREET - PHILADELPHIA, PA 19107	31-1538725	501(C)(3)	51,000.	0.			BREASTFEEDING EDUCATION AND SUPPORT SERVICES FOR WOMEN'S AND CHILDREN'S HEALTH SERVICES
PENNSYLVANIA HOSPITAL, HALL MERCER COMMUNITY MH/MR CENTER - 800 SPRUCE STREET - PHILADELPHIA, PA 19107	31-1537825	501(C)(3)	60,000.	0.			ASIAN CHILDREN AND FAMILY SERVICES PROGRAM
PENNSYLVANIA HOSPITAL, JOAN KARNELL CANCER CENTER - 230 W. WASHINGTON SQUARE, 2ND FLOOR - PHILADELPHIA, PA 19106	31-1538725	501(C)(3)	41,000.	0.			GERIATRIC ONCOLOGY PROGRAM
PENNSYLVANIA HOSPITAL, JOAN KARNELL CANCER CENTER - 230 W. WASHINGTON SQUARE, 2ND FLOOR - PHILADELPHIA, PA 19106	31-1538725	501(C)(3)	24,000.	0.			SUPPORTIVE CARE FUND PROGRAM

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

3 Enter total number of other organizations

Name of the organization

THE FIRST HOSPITAL FOUNDATION

Employer identification number
23-2904262

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)

(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
PENNSYLVANIA HOSPITAL, J. EDWIN WOOD CLINIC - 800 SPRUCE STREET - PHILADELPHIA, PA 19106	31-1538725	501(C)(3)	25,000.	0.			IMPROVEMENT AND EXPANSION OF MEDICAL RECORDS AND ADMINISTRATIVE AREAS
PHILABUNDANCE 3616 S. GALLOWAY STREET P.O. BOX 37 PHILADELPHIA, PA 19148	23-2290505	501(C)(3)	15,000.	0.			CHILDREN'S HUNGER INITIATIVE FOR LOW-INCOME CHILDREN IN THE PHILADELPHIA REGION
SAINT HELENA FRIENDLY VISITOR PROGRAM - 6161 N. 5TH STREET - PHILADELPHIA, PA 19120	23-1360844	501(C)(3)	25,000.	0.			FRIENDLY VISITOR PROGRAM IN THE OLNEY/LOGAN NEIGHBORHOODS OF PHILADELPHIA
THE SAYRE HEALTH CENTER 5800 WALNUT STREET PHILADELPHIA, PA 19143	20-1232580	501(C)(3)	60,000.	0.			LINKING CURRICULUM TO CARE PROGRAM
SUPPORT CENTER FOR CHILD ADVOCATES 1900 CHERRY STREET PHILADELPHIA, PA 19103-1405	23-2048664	501(C)(3)	20,000.	0.			SOCIAL AND LEGAL SERVICES TO MEDICALLY NEEDY CHILDREN
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, ROOM P-221 PHILADELPHIA, PA 19104-6021	23-1352685	501(C)(3)	40,000.	0.			URBAN NUTRITION INITIATIVE INTERNSHIP PROGRAM
WIRELESS PHILADELPHIA 121 SOUTH 13TH STREET, 4TH FLOOR PHILADELPHIA, PA 19107	16-1724156	501(C)(3)	50,000.	0.			DIGITAL INCLUSION BUNDLES

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

3 Enter total number of other organizations

Part IV Supplemental Information

GRANTEE CONTAINING THE GRANT AWARD LETTER, A GRANT AGREEMENT OUTLINING THE RESPONSIBILITIES OF BOTH PARTIES AND GUIDELINES FOR PREPARING A GRANT REPORT. THE FOUNDATION REQUIRES THAT GRANTEES SIGN AND RETURN THE GRANT AGREEMENT. THE FOUNDATION REQUIRES THAT THE GRANT REPORT INCLUDE PROGRAM OUTCOMES, A BREAKDOWN ON FINANCAL USE OF THE FUNDS AND ADDITIONAL INFORMATION IN SUPPORT OF THE REPORT. ONE-YEAR GRANTEES MUST SUBMIT A REPORT AT THE END OF THE GRANT PERIOD. THE FOUNDATION REQUIRES MULTI-YEAR GRANTEES FILE ANNUAL PROGRESS REPORTS (THESE ARE REQUIRED PRIOR TO RECEIPT OF THE NEXT YEAR'S FUNDING) AND A FINAL REPORT AT THE END OF THE GRANT PERIOD.

THE FOUNDATION'S EXECUTIVE DIRECTOR REVIEWS ALL REPORTS AND CONTACTS GRANTEES IF ADDITIONAL CLARIFICATION, EXPLANATION OR INFORMATION IS REQUIRED. THE PROGRAM COMMITTEE REVIEWS REPORTS IN CONJUNCTION WITH NEW APPLICATIONS OF ONE-YEAR GRANTEES AND SUBSEQUENT FUNDING FOR MULTI-YEAR GRANTEES. GRANT REPORTS ARE PLACED IN THE GRANTEES' FILES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE FIRST HOSPITAL FOUNDATION

Employer identification number

23-2904262

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILADELPHIA REGION. THE FOUNDATION'S SECONDARY MISSION IS TO SUPPORT THE PRESERVATION OF THE HISTORIC ARTIFACTS AND MEMORIALS OF PENNSYLVANIA HOSPITAL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION TO SUPPORT THE PRESERVATION OF THE HISTORIC ARTIFACTS AND MEMORIALS OF PENNSYLVANIA HOSPITAL. THE FOUNDATION SUPPORTS 501(C)(3) ORGANIZATIONS WHOSE PROGRAMS ADDRESS THE HEALTH NEEDS OF THE VULNERABLE AND UNDERSERVED IN THE GREATER PHILADELPHIA REGION. GRANTS ARE MADE TO SUPPORT DIRECT SERVICE PROGRAMS, AS WELL AS EDUCATION, RESEARCH, PUBLIC POLICY, AND ADVOCACY INITIATIVES.

FORM 990, PART VI, SECTION A, LINE 3: ANOTHER 501(C)(3) ORGANIZATION PROVIDES EXECUTIVE DIRECTOR SERVICES TO THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 10: THE FOUNDATION'S FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY THE TREASURER AND BOARD CHAIR, AND LEGAL COUNSEL IF NECESSARY AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS CIRCULATED ELECTRONICALLY TO MEMBERS OF THE AUDIT, FINANCE AND INVESTMENT COMMITTEE FOR COMMENT PRIOR TO ITS FILING. THE AUDIT, FINANCE AND INVESTMENT COMMITTEE IS PROVIDED WITH A WEEK TO REVIEW AND COMMENT ON THE PREPARED FORM 990. THE AUDITORS THEN LEAD THE AUDIT, FINANCE AND INVESTMENT COMMITTEE THROUGH A REVIEW AND DISCUSSION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE FIRST HOSPITAL FOUNDATION

Employer identification number

23-2904262

OF THE FORM 990 AT A MEETING. THE FORM 990 IS FORWARDED TO THE FULL BOARD OF DIRECTOR FOR FINAL REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. EACH MEMBER OF MANAGEMENT AND EACH MEMBER OF THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AND COMPLETES A DISCLOSURE STATEMENT DISCLOSING ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IN ADDITION, EACH MEMBER OF MANAGEMENT AND EACH MEMBER OF THE BOARD OF DIRECTORS SUBMITS A SEPARATE DISCLOSURE STATEMENT IF A CONFLICT ARISES DURING THE YEAR. THE SIGNED CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE SUBMITTED TO THE FOUNDATION'S EXECUTIVE DIRECTOR WHO REPORTS ANY DISCLOSURES TO THE BOARD CHAIR WHO FOLLOWS UP WITH INQUIRY AND REPORTS TO THE BOARD OF DIRECTOR IF NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD CHAIR CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR SERVICES PROVIDED THROUGH THE HEALTH FEDERATION OF PHILADELPHIA. COMPENSATION FOR THE SERVICES OF THE EXECUTIVE DIRECTOR IS ESTABLISHED IN COOPERATION WITH THE HEALTH FEDERATION OF PHILADELPHIA AND WITH THE USE OF COMPENSATION SURVEYS AND FORMS 990 OF SIMILAR ORGANIZATIONS. IN SETTING THE LEVEL OF COMPENSATION, THE ORGANIZATIONS ALSO CONSIDER THE ANNUAL RATE OF INFLATION.

FORM 990, PART VI, SECTION C, LINE 18: THE FOUNDATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION ON THE FOUNDATION'S WEBSITE, GUIDESTAR.ORG AND ON REQUEST FROM THE FOUNDATION.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Name of the organization

THE FIRST HOSPITAL FOUNDATION

Employer identification number

23-2904262

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON THE FOUNDATION'S WEBSITE AND GUIDESTAR.ORG. THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON ITS WEBSITE. IN ADDITION, FORMS 990 AND 1023, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT 230 SOUTH BROAD STREET, SUITE 402, PHILADELPHIA, PA 19102 OR BY CALLING THE FOUNDATION DIRECTLY AT 215-546-4290.

FORM 990, PART VI, SECTION B, LINE 13 & LINE 14 AT ITS JULY 7, 2009 BOARD MEETING THE FOUNDATION'S BOARD OF DIRECTORS ADOPTED A CODE OF ETHICAL CONDUCT AND WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES.

FORM 990, PART IV, LINE 28B THE ACTING EXECUTIVE DIRECTOR WHO IS EMPLOYED THROUGH ANOTHER ORGANIZATION AND IS MARRIED TO A BOARD DIRECTOR.

FORM 990, PART VI, SECTION A, LINE 2 THE ACTING EXECUTIVE DIRECTOR WHOSE SERVICES ARE MADE AVAILABLE THROUGH THE HEALTH FEDERATION OF PHILADELPHIA IS MARRIED TO A MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS.

FORM 990, PART IV, LINE 28A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE FIRST HOSPITAL FOUNDATION

Employer identification number

23-2904262

THE ACTING EXECUTIVE DIRECTOR WHOSE SERVICES ARE MADE AVAILABLE THROUGH
THE HEALTH FEDERATION OF PHILADELPHIA IS MARRIED TO A MEMBER OF THE
FOUNDATION'S BOARD OF DIRECTORS.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 8069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization The First Hospital Foundation	Employer identification number 23-2904262
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. if a P.O. box, see instructions. 230 South Broad Street, No. 4C	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Philadelphia, PA 19102, PA 19102	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 8069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

First Hospital Foundation - 230 South Broad Street,

- The books are in the care of ▶ **Suite 4C - Philadelphia, PA 19102**
Telephone No. ▶ **215-546-4290** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **August 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2008** or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE FIRST HOSPITAL FOUNDATION	Employer identification number 23-2904262
	Number, street, and room or suite no. If a P.O. box, see instructions. 230 SOUTH BROAD STREET, NO. 4C	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19102	

Check type of return to be filed (File a separate application for each return):

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870

Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ANN MARIE HEALY, EXECUTIVE DIRECTOR - 230 SOUTH BROAD STREET, SUITE 4C - PHILADELPHIA, PA 19102

Telephone No. **215-546-4290** FAX No. _____

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**

5 For calendar year **2008**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CPA** Date **8/5/09**