

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	THE FIRST HOSPITAL FOUNDATION 230 SOUTH BROAD STREET NO. 402 PHILADELPHIA, PA 19102
Prepared by	O'CONNOR DAVIES MUNNS & DOBBINS, LLP 60 EAST 42ND STREET, 36TH FLOOR NEW YORK, NY 10165
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2010 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FIRST HOSPITAL FOUNDATION		D Employer identification number 23-2904262
	Doing Business As		E Telephone number 215-546-4290
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,751,883.
	230 SOUTH BROAD STREET	402	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)
City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19102		H(c) Group exemption number ▶	
F Name and address of principal officer: JULIA R. DUTTON SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.FIRSTHOSPITALFDN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1997 M State of legal domicile: PA	

Part I Summary			
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 net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	17
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,450.
b Net unrelated business taxable income from Form 990-T, line 34	7b	2,366.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,640,269.	2,037,565.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	4,468.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,640,269.	2,042,033.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,761,791.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		286,684.	285,791.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,048,475.	1,702,401.	
19 Revenue less expenses. Subtract line 18 from line 12	591,794.	339,632.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	36,165,637.	38,825,702.
	22 Net assets or fund balances. Subtract line 21 from line 20	641,025.	454,427.
		35,524,612.	38,371,275.

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			
	JULIA R. DUTTON, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER PETERMANN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ O'CONNOR DAVIES MUNNS & DOBBINS, LLP	Firm's EIN ▶ 13-3385019			
	Firm's address ▶ 60 EAST 42ND STREET, 36TH FLOOR NEW YORK, NY 10165	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

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: IN 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 MISSION TO

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 \$ 1,497,529. including grants of \$ 1,416,610.) (Revenue \$) THE FOUNDATION WAS ESTABLISHED TO PERPETUATE THE ORIGINAL MISSION OF THE PENNSYLVANIA HOSPITAL AS SET FORTH IN 1751 AND SUPPORT THE PRESERVATION OF 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 1,497,529.

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school 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 United States?		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 United States? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question ID, question text, and Yes/No response columns. Includes rows 1a-14a with various tax-related questions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
			17
1b	Enter the number of voting members included in line 1a, above, who are independent		
			17
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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
7b	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:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LOUIS J. MAYER CHAIR	3.00	X		X			0.	0.	0.	
JANE G. PEPPER VICE CHAIR	2.00	X		X			0.	0.	0.	
SUZANNE SHEEHAN BECKER SECRETARY	2.00	X		X			0.	0.	0.	
JULIA R. DUTTON TREASURER	3.00	X		X			0.	0.	0.	
MORRIS CHESTON, JR. BOARD DIRECTOR	2.00	X					0.	0.	0.	
JOANNE R. DENWORTH 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	1.00	X					0.	0.	0.	
NATALIE LEVKOVICH BOARD DIRECTOR	2.00	X					0.	0.	0.	
LAWRENCE T. MANGAN BOARD DIRECTOR	1.00	X					0.	0.	0.	
SUSAN E. PHILLIPS BOARD DIRECTOR	1.00	X					0.	0.	0.	
IJEOMA ACHARA-ABRAHAMS BOARD DIRECTOR	1.00	X					0.	0.	0.	
REVEREND RALPH BLANKS BOARD DIRECTOR	1.00	X					0.	0.	0.	
R. MICHAEL BUCKLEY BOARD DIRECTOR	1.00	X					0.	0.	0.	
SUEYUN LOCKS BOARD DIRECTOR	1.00	X					0.	0.	0.	
A. SCOTT MCNEAL BOARD DIRECTOR	1.00	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)		511,217.		1.	511,216.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses	7,833,886.	1,402,312.				
		Gain or (loss)	7,709,850.					
		Net gain or (loss)	124036.	1,402,312.	1526348.		3,981.	1,522,367.
	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	TIFF PRIVATE EQUITY PA	525990		3,064.		3,064.		
b	TIFF PRIVATE EQUITY PA	525990		1,404.		1,404.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			4,468.				
12	Total revenue. See instructions.			2042033.	0.	8,450.	2,033,583.	

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	1,416,610.	1,416,610.		
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	129,357.	58,211.	71,146.	
b Legal	16,844.		16,844.	
c Accounting	34,808.		34,808.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,928.		54,928.	
g Other	4,740.	4,740.		
12 Advertising and promotion				
13 Office expenses	11,213.	4,703.	6,510.	
14 Information technology	2,200.		2,200.	
15 Royalties				
16 Occupancy	10,838.	4,877.	5,961.	
17 Travel	2,265.	2,265.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,362.	2,598.	764.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,433.		2,433.	
23 Insurance	5,619.		5,619.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DUES AND SUBSCRIPTION	7,050.	3,525.	3,525.	
b BANK SERVICE CHARGES	134.		134.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,702,401.	1,497,529.	204,872.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	10,968.	1	2,254.	
	2 Savings and temporary cash investments	748,270.	2	406,198.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4	2,537.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	2,544.	9	3,347.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,667.			
	b Less: accumulated depreciation	10b 5,511.	8,589.	10c 6,156.	
	11 Investments - publicly traded securities	14,276,930.	11	18,930,679.	
	12 Investments - other securities. See Part IV, line 11	19,374,331.	12	18,658,764.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,744,005.	15	815,767.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,165,637.	16	38,825,702.		
Liabilities	17 Accounts payable and accrued expenses	30,885.	17	32,831.	
	18 Grants payable	610,140.	18	421,596.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	641,025.	26	454,427.	
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	35,524,612.	27	38,371,275.	
	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	35,524,612.	33	38,371,275.	
34 Total liabilities and net assets/fund balances	36,165,637.	34	38,825,702.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,042,033.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,702,401.
3	Revenue less expenses. Subtract line 2 from line 1	3	339,632.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,524,612.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,507,031.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,371,275.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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.						0.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	912,399.	1,139,139.	1,007,669.	565,251.	712,526.	4,336,984.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						4,336,984.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	.00	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	45.38	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2009. 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			<input checked="" type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		10,918.	4,887.	6,031.
e Other		749.	624.	125.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,156.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	16,229,047.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	540,486.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE FUNDS	27,018.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME	1,862,213.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	18,658,764.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,042,033.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,702,401.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	339,632.
4	Net unrealized gains (losses) on investments	4	2,507,031.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,507,031.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,846,663.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,494,136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,507,031.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,507,031.
3	Subtract line 2e from line 1	3	1,987,105.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,928.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	54,928.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,042,033.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,647,473.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,647,473.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,928.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	54,928.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,702,401.

Part XIV Supplemental Information

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

PART X, LINE 2: THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX

POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL RECOGNITION. THE FOUNDATION IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2007.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **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 in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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	23-1352630	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
A WOMAN'S PLACE P.O. BOX 299 DOYLESTOWN, PA 18901	23-2034180	501(C)(3)	22,000.	0.			DOMESTIC VIOLENCE AND SUBSTANCE ABUSE COLLABORATIVE PROGRAM
ALS ASSOCIATION, GREATER PHILADELPHIA CHAPTER - 321 NORRISTOWN RD., SUITE 260 - AMBLER, PA 19002-2755	23-2387205	501(C)(3)	30,000.	0.			ALS CLINIC AT PENNSYLVANIA HOSPITAL
AUGUSTINIAN DEFENDERS OF THE RIGHTS OF THE POOR - 259 NORTH LAWRENCE STREET - PHILADELPHIA, PA 19106	84-1672289	501(C)(3)	10,000.	0.			UNITY CLINIC
BETHESDA PROJECT 1630 SOUTH STREET PHILADELPHIA, PA 19146	23-2209338	501(C)(3)	50,000.	0.			HEALTH MANAGEMENT SERVICES
CENTER FOR AUTISM, THE 3905 FORD ROAD, SUITE 6 PHILADELPHIA, PA 19131-5469	23-1728027	501(C)(3)	25,000.	0.			SOCIAL COMPETENCY PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations **35.**
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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

(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
CENTER IN THE PARK 5818 GERMANTOWN AVENUE PHILADELPHIA, PA 19144	23-1919016	501(C)(3)	30,000.	0.			IN TOUCH: HEALTH PROMOTION PROGRAMS
CHESTER COUNTY FOOD BANK 601 WESTTOWN ROAD, SUITE 330 WEST CHESTER, PA 19380	27-0887311	501(C)(3)	30,000.	0.			DAIRY PROGRAM
CHILD ABUSE PREVENTION EFFORT 8001 ROOSEVELT BOULEVARD, SUITE 404 PHILADELPHIA, PA 19152	23-7286726	501(C)(3)	15,000.	0.			EMERGENCY FAMILY FUND
CHILD ADVOCACY CENTER OF MONTGOMERY COUNTY D/B/A MISSION KIDS - PO BOX 413 - BLUE BELL, PA 19422	14-1975929	501(C)(3)	40,000.	0.			FULL-TIME CASE COORDINATOR POSITION
CHILDREN'S HOSPITAL OF PHILADELPHIA, THE - 34TH STREET AND CIVIC CENTER BOULEVARD - PHILADELPHIA, PA 19104-4399	23-2237932	501(C)(3)	35,000.	0.			HOMELESS HEALTH INITIATIVE
DEAF-HEARING COMMUNICATION CENTRE, INC. - 630 FAIRVIEW ROAD, SUITE 100 - SWARTHMORE, PA 19081-2335	23-7407560	501(C)(3)	5,000.	0.			HOSPITAL & HEALTHCARE PROVIDER EDUCATION & OUTREACH
ESPERANZA HEALTH CENTER 3156 KENSINGTON AVENUE PHILADELPHIA, PA 19134	23-2480701	501(C)(3)	30,000.	0.			PEDIATRIC BEHAVIORAL HEALTH CONSULTATION PROGRAM
FAIR FOOD 1315 WALNUT STREET, SUITE 522 PHILADELPHIA, PA 19107	27-0656350	501(C)(3)	47,052.	0.			DOUBLE VALUE COUPONS PROGRAM
FAMILY SUPPORT LINE 100 WEST SIXTH STREET MEDIA, PA 19063	23-2528819	501(C)(3)	40,000.	0.			CHILD SEXUAL ABUSE PREVENTION EDUCATION PROGRAM

LHA

Schedule I (Form 990)

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

(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
FOOD TRUST, THE 1617 JOHN F. KENNEDY BLVD, STE 900 PHILADELPHIA, PA 19103	23-2678383	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
HEALTHLINK MEDICAL CENTER 1775 STREET ROAD SOUTHAMPTON, PA 18966	23-2998708	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
INSTITUTE FOR SAFE FAMILIES 3502 SCOTTS LANE, BLDG 1, STE 4 PHILADELPHIA, PA 19129	41-2024260	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
INTERCULTURAL FAMILY SERVICES, INC. - 4225 CHESTNUT STREET - PHILADELPHIA, PA 19104	23-2311676	501(C)(3)	40,000.	0.			FUNCTIONAL FAMILY THERAPY PROGRAM
KIDS SMILES 3751 ISLAND AVENUE, 2ND FLOOR PHILADELPHIA, PA 19153	30-0249717	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
MATERNITY CARE COALITION OF GREATER PHILADELPHIA - 2000 HAMILTON STREET, SUITE 205 - PHILADELPHIA, PA 19130	23-2200410	501(C)(3)	50,000.	0.			MOMOBILE AT RIVERSIDE CORRECTIONAL FACILITY
PENNSYLVANIA HOSPITAL, DEPARTMENT OF OBSTETRICS & GYNECOLOGY - 800 SPRUCE STREET, 2ND FLOOR - PHILADELPHIA, PA 19107-6192	31-1538725	501(C)(3)	120,000.	0.			LATINAS COMMUNITY HEALTH SERVICES
PENNSYLVANIA HOSPITAL, DIABETES EDUCATION CENTER - 800 SPRUCE STREET - PHILADELPHIA, PA 19107-6192	31-1538725	501(C)(3)	61,378.	0.			HEALTHY FUTURES WITH DIABETES PROGRAM
PENNSYLVANIA HOSPITAL, FAMILY EDUCATION DEPARTMENT - 800 SPRUCE STREET - PHILADELPHIA, PA 19107	31-1538725	501(C)(3)	61,600.	0.			BREASTFEEDING EDUCATION & SUPPORT FOR AT-RISK FAMILIES

LHA

Schedule I (Form 990)

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

(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
PENNSYLVANIA HOSPITAL, HALL MERCER COMMUNITY MH/MR CENTER - 800 SPRUCE STREET - PHILADELPHIA, PA 19107	31-1538725	501(C)(3)	80,000.	0.			PENN CENTER FOR YOUTH & FAMILY TRAUMA RESPONSE & RECOVERY
PENNSYLVANIA HOSPITAL, HALL MERCER COMMUNITY MH/MR CENTER - 800 SPRUCE STREET - PHILADELPHIA, PA 19107	31-1538725	501(C)(3)	93,380.	0.			NURSE PRACTITIONER SUPPORT FOR CRISIS RESPONSE CENTER
PENNSYLVANIA HOSPITAL, JOAN KARNELL CANCER CENTER - 230 W. WASHINGTON SQUARE, 2ND FLOOR - PHILADELPHIA, PA 19106	31-1538725	501(C)(3)	30,000.	0.			SUPPORTIVE CARE FUND
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA - 1144 LOCUST STREET - PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	30,000.	0.			PROMOTORES DE SALUD (HEALTH PROMOTERS)
PUBLIC CITIZENS FOR CHILDREN AND YOUTH - 7 BENJAMIN FRANKLIN PKWY - PHILADELPHIA, PA 19103-1208	23-2137461	501(C)(3)	20,000.	0.			GIVE KIDS SIGHT DAY 2010
PROJECT H.O.M.E. 1515 FAIRMONT AVENUE PHILADELPHIA, PA 19130	23-2555950	501(C)(3)	30,000.	0.			HEALTH EDUCATION & SERVICES
PUNTES DE SALUD HOUSTON COMMUNITY CENTER, 2029 SOUTH 8TH STREET - PHILADELPHIA, PA 19148	26-1973303	501(C)(3)	31,200.	0.			PUNTES DE SALUD CLINIC
SMITH MEMORIAL PLAYGROUND & PLAYHOUSE, INC. - EAST FAIRMOUNT PARK - PHILADELPHIA, PA 19121	23-1353547	501(C)(3)	5,000.	0.			PLAY FOR ALL PROGRAM
ST. CATHERINE LABOURE MEDICAL CLINIC - 583 GERMANTOWN AVENUE - PHILADELPHIA, PA 19144	37-1442459	501(C)(3)	80,000.	0.			A NEW REGISTERED NURSE STAFF POSITION AT THE CLINIC

LHA

Schedule I (Form 990)

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

(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
SUPPORT CENTER FOR CHILD ADVOCATES 1900 CHERRY STREET PHILADELPHIA, PA 19103-1405	23-2048664	501(C)(3)	80,000.	0.			GENERAL OPERATING SUPPORT
VISITING NURSE ASSOCIATION COMMUNITY SERVICES, INC. - 1421 HIGHLAND AVENUE - ABINGTON, PA 19001	23-2363504	501(C)(3)	25,000.	0.			COMMUNITY SERVICES FOR THE CHILDREN'S HEALTH CENTERS IN ABBINGTON AND NORRISTOWN

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE 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:

SUPPORT THE PRESERVATION OF THE HISTORICAL ARTIFACTS AND MEMORIALS OF
PENNSYLVANIA HOSPITAL.

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 B, LINE 11: 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
OF THE FORM 990 AT A MEETING. THE FORM 990 IS FORWARDED TO THE FULL BOARD
OF DIRECTORS FOR FINAL REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION HAS A CONFLICT OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization THE FIRST HOSPITAL FOUNDATION	Employer identification number 23-2904262
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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 DIRECTORS IF NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15A: 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.

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, FORM 990 AND

Name of the organization THE FIRST HOSPITAL FOUNDATION	Employer identification number 23-2904262
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FORM 1023, AUDITED FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST TO 230 SOUTH BROAD STREET, SUITE 402, PHILADELPHIA, PA 19102 OR BY CALLING THE FOUNDATION DIRECTLY AT 215-546-4290.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 2,507,031.

FORM 990, PART XI, LINE 2C
THERE HAVE BEEN NO CHANGES FROM PRIOR YEAR.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(B) ONE OF THE MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS IS THE EXECUTIVE DIRECTOR OF THE ENTITY WHICH PROVIDES EMPLOYMENT SERVICES TO THE FOUNDATION.

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.

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

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 your return. See instructions.	Name of exempt organization	Employer identification number	
	THE FIRST HOSPITAL FOUNDATION	23-2904262	
	Number, street, and room or suite no. If a P.O. box, see instructions.	230 SOUTH BROAD STREET, NO. 402	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	PHILADELPHIA, PA 19102	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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 granted an automatic 3-month extension on a previously filed Form 8868.

ANN MARIE HEALY, EXECUTIVE DIRECTOR - 230 SOUTH BROAD

The books are in the care of **STREET, SUITE 402 - 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, 2011.**

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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 **Healy** Title **CPA** Date **8-2-11**

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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

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. 402	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19102	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

ANN MARIE HEALY, EXECUTIVE DIRECTOR - 230 SOUTH BROAD STREET, SUITE 402 - PHILADELPHIA, PA 19102

- The books are in the care of ▶ **STREET, SUITE 402 - 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 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 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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.