

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



Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenire Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

For	cale	ndar year 2009, or tax year beginning		, and ending		
G	Checl	k all that apply: Initial return	Initial return of a fo	ormer public charity	Final retur	n
		Amended return	Address chan	ge 🔲	Name change	
Us	the	IRS Name of foundation			A Employer identification	n number
	label					
Otl	nerwi				62-1248169)
	biiu	•	elivered to street address)	Room/suite	B Telephone number	
	r typ	-:6- DOX 330304			(205)592-9	9322
	Spe ructi	one Gity of town, State, and ZIP code			C If exemption application is p	
		Birmingham, AL 35253			D 1. Foreign organization	
H_(_	c type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	omputation
			Other taxable private founda		E If private foundation sta	
		arket value of all assets at end of year J Account	=	X Accrual	under section 507(b)(1)(A), check here
			ther (specify)		F If the foundation is in a	
	\$	1,561,195. (Part I, colu	mn (a) must be on cash i	basis)	under section 507(b)(1	
Pa	art I	☐ (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	Ι.	necessarily equal the amounts in column (a))	exhelises hel nonys	income		(cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X If the foundation is not required to attach Sch. B Interest on savings and temporary				
	3	cash investments	CO 400	CO 400		Q+ 1 1
	4	Dividends and interest from securities	60,488.	60,488.		Statement 1
	1	Gross rents				
_	-	Net rental income or (loss)	<13,883.			
<u>≓</u> ₹	l ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 430, 354.	<13,663.	<u> </u>		
8 2010 Revenue	7 7	assets on line 6a 430, 334. Capital gain net income (from Part IV, line 2)		0.		
ဆူ	8	Net short-term capital gain				
~	9	Income modifications				
	10a	Gross sales less returns				
		Less Cost of goods sold				
		Gross profit or (loss)				
Z	11	Other income				
Z	12	Total. Add lines 1 through 11	46,605.	60,488.		
SCANNED	13	Compensation of officers, directors, trustees, etc	12,600.	0.		12,600.
Q D	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
ne.	b	Accounting fees Stmt 2	4,855.	0.		4,855.
Exper	С	Other professional fees				
ĕ		Interest			RECEIV	
and Administrative		Taxes Stmt 3	5,023.	0.	16	<u> </u>
ij	19	Depreciation and depletion			UN 1 4 2	hin IOI
Ē	20	Occupancy			m 30 1 1 2	S
Υp	21	Travel, conferences, and meetings	820.	0.	M. JOSELL	820.
e	22	Printing and publications	10 170		1	
ing	23	Other expenses Stmt 4	12,172.	11,966.		62.
rat	24	Total operating and administrative	25 450	11 000		
Operating	O.E	expenses. Add lines 13 through 23	35,470.	11,966.		18,337.
		Contributions, gifts, grants paid Total expenses and disbursements	80,000.			80,000.
	26	Add lines 24 and 25	115,470.	11 066		00 227
_	27	Subtract line 26 from line 12:	112,4/0.	11,966.		98,337.
		Excess of revenue over expenses and disbursements	<68,865.	_		
		Net investment income (if negative, enter -0-)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	48,522.		-
		Adjusted net income (if negative, enter -0-)		=0,522.	N/A	
92350						

Page 2

Г	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
_	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	1	Savings and temporary cash investments	163,417.	162,195.	162,195.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	1		
	7	Other notes and loans receivable			
	,	Less; allowance for doubtful accounts			
Ø	R	Inventories for sale or use		·	
Assets	9				
As		Investments - U.S. and state government obligations			
		Investments - corporate stock Stmt 6	709,928.	900 000	
	l	•	499,490.	899,099.	899,099.
	l	Investments - corporate bonds Stmt 7	499,490.	492,616.	492,616.
	' '	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis \triangleright 7, 507.			
		Less accumulated depreciation $Stmt 8 \triangleright 7,507$.			
	15	Other assets (describe ► Statement 9)	5,472.	7,285.	7,285.
		Total assets (to be completed by all filers)	1,378,307.	1,561,195.	<u>1,561,195.</u>
	17	Accounts payable and accrued expenses		··	
es	18	Grants payable		~- <u>-</u>	
	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe Statement 10)	60.	5,056.	
	23	Total liabilities (add lines 17 through 22)	60.	5,056.	
		Foundations that follow SFAS 117, check here			
10		and complete lines 24 through 26 and lines 30 and 31.			
ë	24	Unrestricted	378,247.	<u>556,139.</u>	
lau.	25	Temporarily restricted			
Ba	26	Permanently restricted	1,000,000.	1,000,000.	
בַּ		Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
Net Assets or Fund Balance	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Vet	30	Total net assets or fund balances	1,378,247.	1,556,139.	
_					
	31	Total liabilities and net assets/fund balances	1,378,307.	1,561,195.	
D	art	Analysis of Changes in Net Assets or Fund Ba			
	ar L				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	1,378,247.
2	Enter	amount from Part I, line 27a		2	<68,865.
3	Other	increases not included in line 2 (itemize) <u>Unrealized</u>	gain on invest		246,757.
		ines 1, 2, and 3		4	1,556,139.
5	Decre	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,556,139.
0226					Form 990-PF (2009)

_			Health Fo						6	2-124	8169	Page 3
_	(a) List and desc 2-story brick wa	ribe the kind(s arehouse; or co) of property sold (e.g ommon stock, 200 shs	., real estate, s. MLC Co.)		(b) [†]	low at - Purc - Don	cquired chase ation		acquired lay, yr.)	(d) Dat (mo., d	
1a	Merrill Lynch	XXX74						P	Vari	ous	Vari	ous
_b	Merrill Lynch	XXX75						P	Vari	ous	Vari	ous
_c	Merrill Lynch	<u> </u>				ļ		P	Vari	ous	Vari	ous
d												_
_ <u>e</u>	<u> </u>	,			·	<u>L</u> ,						
	(e) Gross sales price		eciation allowed allowable)		st or other basis expense of sale					iain or (loss s (f) minus (
a	291,498.				289,99	5.					1	,503.
	405 656				144,18							,527.
	42 000				10,05						3	,141.
d												
е												_
	Complete only for assets showing	ng gain in colui	mn (h) and owned by	the foundation	n on 12/31/69			(1)	Gains (C	Col. (h) gain	minus	
	(i) F.M.V. as of 12/31/69		djusted basis of 12/31/69		col. (j), if any			còl	(k), but i Losses	not less that (from col. (n -0-) or h))	
a											1	,503.
Ь												,527.
C											3	,141.
_d												-
е												·
2	Capital gain net income or (net ca	apital loss)	If gain, also enter			}	2	_			<13	,883.
3	Net short-term capital gain or (los	ss) as defined i										
	If gain, also enter in Part I, line 8,	•		(0).)						
_	If (loss), enter -0- in Part I, line 8	. ,				<u>] </u>	3			N/A		
LP	Part V Qualification U	Inder Sect	tion 4940(e) for	Reduced	I Tax on Net	Inve	estn	nent Inc	ome			
(Fo	or optional use by domestic private	e foundations s	subject to the section 4	1940(a) tax or	n net investment in	come	:.)					
lf c	control 4040(d)(2) applies legge t	hio part blank										
11 5	section 4940(d)(2) applies, leave t	ilis part Dialik.										
Wa	as the foundation liable for the sec	tion 4942 tax c	on the distribut <mark>abl</mark> e am	ount of any y	ear in the base per	rod?					Yes	X No
<u> f </u>	Yes,* the foundation does not qua	lify under secti	on 4940(e). Do not co	mplete this pa	art.							
1	Enter the appropriate amount in	each column fo	or each year; see instru	uctions before	making any entrie	es.				_		
	(a) Base period years		(b)			(c)				Distrib	(d) oution ratio	
	Calendar year (or tax year beginni	ng in) A	djusted qualifying dist	tributions	Net value of no	nchar	ıtable-	-use assets		(col. (b) div	ided by col.	(c))
_	2008		8	0,872.		_1	, 59	8,952			.0	<u>50578</u>
	2007			<u>4,565.</u>				9,915			.0	<u>48051</u>
	2006		7	9,200.		1	<u>,71</u>	5,949			.0	46155
_	2005		5	7,893.		_1	<u>, 67</u>	2,639			.0	34612
_	2004		4	<u>5,057.</u>		_1	<u>, 58</u>	<u>7,897</u>			.0:	<u> 28375</u>
2	Total of line 1, column (d)								2		. 2	<u>07771</u>
3	Average distribution ratio for the	5-year base pe	riod - divide the total c	on line 2 by 5,	or by the number	of yea	ars					
	the foundation has been in existe	nce if less than	5 years						3		.0	41554
										_		
4	Enter the net value of noncharitati	le-use assets f	for 2009 from Part X, I	line 5					4		1,235	,880.
5	Multiply line 4 by line 3								5		51	,356.
6	Enter 1% of net investment incon	ne (1% of Part	I, line 27b)						6			485.
-		,	,= =: = /								-	
7	Add lines 5 and 6								7		51	,841.
-												,1 •
8	Enter qualifying distributions from	•							8_	<u> </u>	98	,337.
_	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check t	he box in Part VI, line	1b, and comp	olete that part using	g a 19 	% tax ı	rate.				

	n 990-PF (2009) The Child Health Foundation		<u>-124</u>			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	r 4948	- see	instr	uctio	ns)
18	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1			4	<u>85.</u>
	of Part I, line 27b					
0	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		İ			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3			4	<u>85.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5_			4	<u>85.</u>
6	Credits/Payments:					
a	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 400).				
t	Exempt foreign organizations - tax withheld at source					
C	: Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d		1			
7	Total credits and payments. Add lines 6a through 6d	7			4	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9				<u>85.</u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	► 10	\bot			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	<u> </u>				
	art VII-A Statements Regarding Activities			Τ	15.0	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervention	ene in			Yes	
	any political campaign?			1a	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)			_1b	-	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?			1c		X
d	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
		<u>.</u>			1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
^	managers. • \$ 0 .			1 _		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
•	If "Yes," attach a detailed description of the activities			ŀ		
J	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	i, or		١.		v
Aa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			3		X
	olf "Yes," has it filed a tax return on Form 990-T for this year?	1	A\N	4a	 	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	1/ A	4D 5	<u> </u>	Х
٠	If "Yes," attach the statement required by General Instruction T			1		A_
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ļ		
•	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the si 	ate law				
	remain in the governing instrument?			6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
-	If "Yes," complete Part II, col. (c), and Part XV			<u> </u>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	AL	_				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
-	of each state as required by General Instruction G? If "No," attach explanation			8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous conti	alendar		<u></u>	<u></u>	
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

Form **990-PF** (2009)

4a

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form 990-PF (2009) The Child Health Foundat	ion		62-12482	L69	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		 _
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	* **		es 🗓 No 📗		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 🗶 No	į	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	27./2]	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?		1/A Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		(.	l	
a personal benefit contract?		Y6	es X No		٠,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		}	6b	<u> </u>
If "Yes" to 6b, file Form 8870	shalta- t-aaaaat aa O		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		T €	N/A	7b	-
b If yes, did the foundation receive any proceeds or have any net income attribut Information About Officers, Directors, Trust		nagers Highly		70	
Part VIII Paid Employees, and Contractors	ees, i oundation me	magers, riiging	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(6	Expense count, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	ac	count, other Illowances
	·	1			
See Statement 11		12,600.	0.	.	0.
				ļ	
			L	<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	· · · · · · · · · · · · · · · · · · ·	enter "NONE."	(d) Contributions to	T ,	1 Evnanca
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred] aċ	e) Expense count, other
	devoted to position		compensation	a	llowances
NONE					
				+	
				1	
				1	
		-		+	
				1	
Total number of other employees paid over \$50,000	L	I		1	

Form 990-PF (2009) The Child Health Foundation	62-	1248169 P	age 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	_	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compen	sation
NONE			
	·		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce	I information such as the ed, etc.	Expenses	
1 N/A			
2			
3		-	
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
Total. Add lines 1 through 3	>		0.

LF	art X Minimum Investment Return (All domestic foundations mus	st complete this part. Foreign fo	oundations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	etc., purposes:		-
а	Average monthly fair market value of securities		1a	1,241,493.
b	Average of monthly cash balances		1b	1,241,493. 13,208.
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	1,254,701.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	e O	.	
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	1,254,701.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, se	e instructions)	4	18,821.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Pa	art V, line 4	5	1,235,880.
<u>6</u>	Minimum investment return. Enter 5% of line 5		_ 6	61,794.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (foreign organizations check here and do not complete this part.)	j)(5) private operating foundations	and certain	
1	Minimum investment return from Part X, line 6		1	61,794.
2a	Tax on investment income for 2009 from Part VI, line 5	485		
b	Income tax for 2009 (This does not include the tax from Part VI.))		
C	Add lines 2a and 2b		2c	485.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	61,309.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	61,309.
6	Deduction from distributable amount (see instructions)		6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII	l, line 1	7	61,309.
_	art XII Qualifying Distributions (see instructions)		· · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpos	es:		00 227
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1 <u>a</u>	98,337.
р 2	Program-related investments - total from Part IX-B	***	1b	0.
3	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable,	etc., purposes	2	
о a	Amounts set aside for specific charitable projects that satisfy the:			
a b	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)		3a	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and F	Part VIII Inna 4	3b	98,337.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment.	-	4	90,337.
J	income. Enter 1% of Part I, line 27b	em		405
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	485. 97,852.
U	Note The amount on line 6 will be used in Part V, column (b), in subsequent years wher	a calculating whather the foundation		
	4940(e) reduction of tax in those years.	realectioning whether the louisoallo	ii quaiiiles ior i	THE PECHON

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	·			
line 7				61,309.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			78,626.	
b Total for prior years	-			
,,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008	•			
f Total of lines 3a through e	0.			· · - ·
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 98,337.			80 606	
a Applied to 2008, but not more than line 2a			78,626.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			10 711
d Applied to 2009 distributable amount				19,711.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	<u>.</u>
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				41,598.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			-
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
C CAGGOO II OHI 2000				

	ld Health F				248169 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of		,		•	
foundation, and the ruling is effective fo	•	•	. ▶ └	1	
b Check box to indicate whether the foun		ng foundation described i		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 2008	Prior 3 years	(4) 2006	- (a) Tatal
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					<u> </u>
b 85% of line 2a				_	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					<u> </u>
e Qualifying distributions made directly					
for active conduct of exempt activities.					1
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;					
(1) Value of all assets					
,					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				-	
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
	-				
c "Support" alternative test - enter:					
 Total support other than gross investment income (interest, 					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u></u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	the year-see the i	nstructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by th	e foundation before the clo	ose of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
None					
b List any managers of the foundation wh			or an equally large port	ion of the ownership of a p	partnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
None					
2 Information Regarding Contribute	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed:		
•	•				
b The form in which applications should be	e submitted and informat	ion and materials they sh	ould include;		
		<u> </u>			
c Any submission deadlines:				 	
d Any restrictions or limitations on average	n cush so by soccession	d propo inhanishin finish	lundo of institutions	other feet-set	
d Any restrictions or limitations on awards	s, socii as by geographica	n areas, charmadie heids,	KINOS OF INSTITUTIONS, OF	other factors:	

Tuttytt Supplementary members				T
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<u> </u>
a Paid duning the year University of La Frontera Temuco le	N/A		See Footnotes - Statement 7	80,000.
		:		
		:		
Total	<u>L.</u>	·	▶ 3a	80,000.
b Approved for future payment				
None				
Total			▶ 3b	0.
				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(c) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c			<u></u>		
d		•			
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	60,488.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			1		
b Not debt-financed property					<u>. </u>
6 Net rental income or (loss) from personal		. <u>-</u>			7.4
property	1				
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<13,883.	>
9 Net income or (loss) from special events				•	
10 Gross profit or (loss) from sales of inventory					* **
11 Other revenue:					-
a	1				
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		46,605.	0.
13 Total Add line 12, columns (b), (d), and (e)	-			13	
(See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities t	o the Acco	mplishment of Ex	amn	t Durnoses	
helationship of Activities t	o line Acco	omplishment of Ex	temp	t Purposes	
Line No. Explain below how each activity for which inco	me is reported i	n column (e) of Part XVI-A	contrib	uted importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than				. ,	
	•				
					-
					
		-	-		
					
					

			<u>Child Health Fou</u>		62-124			ge 13
P	art X\	Information Re Exempt Organ		and Transactions an	d Relationships With Noncha			
1	Did th	ne organization directly or indi	rectly engage in any of the followi	ing with any other organization	described in section 501(c) of		Yes	No
	the Co	ode (other than section 501(c	e)(3) organizations) or in section 5	527, relating to political organiz	ations?			
á	Trans	fers from the reporting found	ation to a noncharitable exempt of	rganization of:				
	(1)	Cash				1a(1)		X
		Other assets				1a(2)		X
ŀ		transactions:						
_		Sales of assets to a noncharita	ible exempt organization			16(1)		Х
	\ - /		incharitable exempt organization			1b(2)		X
	٠,,	Rental of facilities, equipment,	` -			1b(3)		X
	٠.	Reimbursement arrangements				1b(4)		X
		oans or loan guarantees				1b(5)		X
		•	embership or fundraising solicitati	ons		1b(6)		X
			ailing lists, other assets, or paid en			1c		X
					lys show the fair market value of the goods,		ote	
					in any transaction or sharing arrangement,		G13,	
			other assets, or services received		in any transaction or snaring arrangement,	SHOW III		
(-)		(b) Amount involved	· · · · · · · · · · · · · · · · · · ·		(4)			
(a)	Line no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers, transactions, and	I sharing arr	angeme	nts
			N/A					
		<u> </u>						
			 					
								
	_		l					
22	Is the	foundation directly or indirec	tly affiliated with, or related to, one	e or more tax-exempt organiza	tions described			
_			r than section 501(c)(3)) or in sec	•	Γ	Yes	X] No
ь		s," complete the following sch		,	_			J 110
	11 100	(a) Name of org		(b) Type of organization	(c) Description of relations	ship	-	
		N/A		(2) Type or organization	(0) 2 200 1 parent of 10 and 10			
_		M/A						
				 				
		-				 -		
_	11							
			rave examined this return, including acci- or than taxpayer or fiduciary) is based on		its, and to the best of my knowledge and belief, it is as any knowledge	s true, correc	ct,	
		Les	: //-	1/7/12	T. + - L.	x :		4
ا م	. 🏲	- July	Maguo	6/1/10	Inustre Executive	ser	est	<u>~</u>
gn Here	V Si	gnature of officer or trustee		Date	Title			
בׁ	ر من	Preparer's	J	Dat	self	rer's identify	ing num	per
5	Paid Preparer's Use Only	signature Lewis	F. Jones, Jr.	0.6	/04/10 employed ►	0013	<u> 592</u>	
	bair e O	Firm's name (or yours Hayn	es Downard LLP		EIN ► 63-113	3963		
	- F.S.	ıl self-employed), 2121	2nd Avenue Nor	th, Suite 100				
	<u></u>	address, and ZIP code Birm	ingham, Alabama		1	254-	338	0

205-254-3380 Form **990-PF** (2009)

2009 DEPRECIATION AND AMORTIZATION REPORT

ſ	- D.		•		•	ē
•	Ending Accumulated Depreciation	1,425.	1,251.	4,831,	7,507.	ion, GO Zor
	Current Year Deduction	0.	.0	0	0	· ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense					nercial Revita
	Beginning Accumulated Depreciation	1,425.	1,251.	4,831.	7,507.	Bonus, Comr
ļ	Basis For Depreciation	1,425.	1,251.	4,831.	7,507.	ITC, Salvage,
	Reduction In Basis				•	•
,	Section 179 Expense					
990-PF	Bus % Excl					pesoc
	Unadjusted Cost Or Basis	1,425.	1,251.	4,831.	7,507.	(D) - Asset disposed
Ī	No No	.x16	1 16	<u>4</u> 16		_
	005>	хн	НХ	Н		
	Lıfe	5.00	5.00	5.00		
	Method	SL	SL	SL		
	Date Acquired	02/04/98	02/04/98	03/04/98		
Form 990-PF Page 1	Description	Copier	Computer and Printer	Computer	* Total 990-PF Pg 1 Depr	
orm 9	Asset No	н	73	m		928111 04-24-09
ĸĽ	1					 95

	_				
Form 990-PF. Dividence	ds and Inter	rest from	Secur	ities	Statement
Source	Gross	s Amount		tal Gains vidends	Column (A) Amount
Merrill Lynch XXX74		40,647.		0.	40,647
Merrill Lynch XXX75		1,518.		0.	1,518
Merrill Lynch XXX76		18,323.		0.	18,323
Total to Fm 990-PF, Part I,	ln 4	60,488.		0.	60,488
Form 990-PF	Accounti	ng Fees			Statement 2
Description	(a) Expenses Per Books	(b) Net Inve		(c) Adjusted Net Incom	
Annual audit/tax prep	4,855.		0.	,, <u>-</u> -	4,855
To Form 990-PF, Pg 1, ln 16b	4,855.		0.	·	4,855
Form 990-PF	Tax	es			Statement 3
				<u>.</u>	
Description	(a) Expenses Per Books	(b) Net Inves ment Inco		(c) Adjusted Net Incom	
Foreign taxes paid Deferred excise taxes	27. 4,996.		0.		0.
To Form 990-PF, Pg 1, ln 18 =	5,023.		0.		0.
Form 990-PF	Other E	Expenses	.		Statement 4
Description	(a) Expenses Per Books	(b) Net Inves		(c) Adjusted Net Incom	(d) Charitable Purposes
Investment fees	11,966.	11,9	966.		0.
Bank fees	144.		0.		0.
Office supplies	62.		0.		62. — —————
To Form 990-PF, Pg 1, ln 23	12,172.	11,9	966.		62.
		- 			

5

Footnotes

Statement

Footnote to Part VIII - List of officers, etc.

Other than Dr. Stagno and Mary Laura Stagno, no one devotes significant time on a weekly basis, to their position. Mr. Trafford, Mr. Johnson, and Dr. Stagno are also members of the executive committee.

Footnote to Part XV(3) - Grants and Contributions paid Purpose of Grant or Contribution:

Continued support for the Dept of Pediatrics including the following programs: Fellowship in Infectious Diseases, Hanta Virus Project, Subspecialty Training at UAB, Visiting Professors from UAB, Genetic Program, Neonatal Resuscitation Course, and Rotation of Pediatric Residents.

Form 990-PF.	Corporate Stock		Statement	6
Description		Book Value	Fair Market Value	
Merrill Lynch #XXX76-See YE Stmt Merrill Lynch #XXX75-See YE Stmt		757,032. 142,067.	757,03 142,06	
Total to Form 990-PF, Part II, li	ne 10b	899,099.	899,09	9.
Form 990-PF C	orporate Bonds		Statement	7
Description		Book Value	Fair Market Value	
Merrill Lynch #XXX74-See YE Stmt		492,616.	492,61	6.
Total to Form 990-PF, Part II, li	ne 10c	492,616.	492,61	6.
Form 990-PF Depreciation of Ass	ets Not Held for	Investment	Statement	8
Description	Cost or Other Basis	Accumulated Depreciation	Book Value	
Copier Computer and Printer Computer	1,425. 1,251. 4,831.	1,425. 1,251. 4,831.		0. 0.
Total To Fm 990-PF, Part II, ln 1		7,507.		0.
Form 990-PF	Other Assets		Statement	9
Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value	
Interest receivable Prepaid excise taxes	5,269. 203.	6,885.	6,88	
To Form 990-PF, Part II, line 15	5,472.	7,285.	7,28	5.

Form 990-PF	Other Liabilities		Stat	ement 10
Description		BOY Amoun	t EOY	Amount
Accrued Excise Tax Payable	-		60.	5,056.
Total to Form 990-PF, Part II	, line 22		60.	5,056.
	List of Officers, Danage and Foundation Manage		State	ement 11
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
John Trafford Nassau, Bahamas	Chairman 1.00	0.	0.	0.
Mary Laura Stagno Birmingham, AL 35213	Director 2.00	12,600.	0.	0.
Dr. Sergio Stagno Birmingham, AL 35213	Exc Dir/Trustee 2.00	0.	0.	0.
Joseph D. Johnson Nashville, TN 37215	Director 1.00	0.	0.	0.
Dr. Pablo Vial Santiago, Chile	Director 1.00	0.	0.	0.
Totals included on 990-PF, Pag	je 6, Part VIII	12,600.	0.	0.

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ [X]
у	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	
Do n	ot complete Part II unless you have already been granted an automatic 3 month extension on a previously f	led For	m 8868.
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A cor	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete	
Part I		•	>
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	n exten	sion of time
	e income tax returns		
noted (not a you n	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or connust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic ficures gov/efile and click on e-file for Chanties & Nonprofits.	ically if insolida	(1) you want the additional ited Form 990-T Instead,
Туре	or Name of Exempt Organization	Empl	oyer identification number
print	The Child Health Foundation	6	2-1248169
File by due dat filing yo	the Number, street, and room or suite no. If a P O. box, see instructions		
return instruct	See		· · · · · · · · · · · · · · · · · · ·
	Birmingham, AL 35253-0964		
Chec	ck type of return to be filed(file a separate application for each return).		
		720	
H	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5		
H	Form 990-EZ Form 990-T (trust other than above) Form 6		
$\overline{\mathbf{x}}$	Form 990 PF Form 1041-A Form 8		
ل خم ب 			·
• Th	Dr. Sergio Stagno ne books are in the care of > 2916 Fairway Drive; Birmingham, AL - 3	3521	3
• Th	Dr. Sergio Stagno	3521	3
• Th	Dr. Sergio Stagno ne books are in the care of 2916 Fairway Drive; Birmingham, AL – 3 elephone No (205) 879-4541 FAX No the organization does not have an office or place of business in the United States, check this box	3521	3 • □
• Th	Dr. Sergio Stagno ne books are in the care of 2916 Fairway Drive; Birmingham, AL – 3 elephone No (205) 879-4541 FAX No the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is for	the whole group, check this
• Th	Dr. Sergio Stagno ne books are in the care of 2916 Fairway Drive; Birmingham, AL – 3 elephone No (205) 879-4541 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is for	the whole group, check this
• Th Te • If t	Dr. Sergio Stagno ne books are in the care of 2916 Fairway Drive; Birmingham, AL – 3 elephone No (205) 879-4541 FAX No the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is for membe	the whole group, check this ers the extension will cover
• Th Te • If t • If t	Dr. Sergio Stagno ne books are in the care of ▶ 2916 Fairway Drive; Birmingham, AL — 3 elephone No ▶ (205) 879-4541 FAX No ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	is is for membe	the whole group, check this ers the extension will cover
• Th Te • If t • If t	Dr. Sergio Stagno ne books are in the care of ▶ 2916 Fairway Drive; Birmingham, AL — 3 elephone No ▶ (205) 879-4541 FAX No ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	is is for member til	the whole group, check this ers the extension will cover
• Th Te • If t • If t box]	Dr. Sergio Stagno ne books are in the care of ▶ 2916 Fairway Drive; Birmingham, AL − 3 elephone No ▶ (205) 879-4541 FAX No ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is for member til	the whole group, check this ers the extension will cover The extension Change in accounting period
• Th Te • If t • If t box]	Dr. Sergio Stagno ne books are in the care of ▶ 2916 Fairway Drive; Birmingham, AL — selephone No ▶ (205) 879-4541 FAX No ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is for member til	the whole group, check this ers the extension will cover The extension Change in accounting period
• The Tee of the lift of the l	Dr. Sergio Stagno ne books are in the care of > 2916 Fairway Drive; Birmingham, AL - 3 elephone No > (205) 879-4541	is is for members til	the whole group, check this ers the extension will cover The extension Change in accounting period
• The Tee of If the If	Dr. Sergio Stagno ne books are in the care of ▶ 2916 Fairway Drive; Birmingham, AL — 3 elephone No ▶ (205) 879-4541 FAX No ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un August 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning , and ending If this tax year is for less than 12 months, check reason Initial return Final return 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 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any pnor year overpayment allowed as a credit.	is is for members til	the whole group, check this ers the extension will cover The extension Change in accounting period \$ 400
• The Tee of If the If	Dr. Sergio Stagno ne books are in the care of ▶ 2916 Fairway Drive; Birmingham, AL — 3 elephone No ▶ (205) 879-4541 FAX No ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un August 15, 2010, to file the exempt organization return for the organization named a is for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning, and ending If this tax year is for less than 12 months, check reason Initial return Final return 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 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any pnor year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	is is for member till above	the whole group, check this ers the extension will cover The extension Change in accounting period \$ 400
• The Tee If the If the box I 1	Dr. Sergio Stagno ne books are in the care of ▶ 2916 Fairway Drive; Birmingham, AL — 3 elephone No ▶ (205) 879-4541 FAX No ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un August 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning , and ending If this tax year is for less than 12 months, check reason Initial return Final return 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 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any pnor year overpayment allowed as a credit.	is is for member till above	the whole group, check this ers the extension will cover The extension Change in accounting period \$ 400

LHA

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

Form 8868 (Rev. 4-2009)