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Department of the Treasury

### **Return of Private Foundation**

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

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

2009

OMB No 1545-0052

For c	alend	dar year 2009, or tax y	ear beginning		, and endir	ng		
GC	heck	all that apply	Initial return	Initial return of a fo	rmer public char	ity	Final return	1
			Amended return	Address chang	je	<u> </u>	Name change	
	the l	RS Name of foundatio	on				A Employer identification	number
	abel. erwis	. THE CHILD	DRENS HEALTH	FOUNDATION			74-2450465	
	print	· · · · · · · · · · · · · · · · · · ·	r P O box number if mail is not d		Ro	om/suite	B Telephone number	
	type	. 3160 PINE	EBROOK ROAD				435-649-22	21
	Spec		, and ZIP code				C If exemption application is p	ending, check here
Instr	ructio	ns PARK CITY					D 1. Foreign organizations	s, check here 🕨 🗔
H C	heck	type of organization	X Section 501(c)(3) e	xempt private foundation			Foreign organizations me check here and attach co	eeting the 85% test, proputation
		ction 4947(a)(1) nonexe	empt charitable trust	Other taxable private founda			E If private foundation sta	tus was terminated ,
I Fa	ır ma	rket value of all assets a	at end of year   J Account	ing method Cash	X Accrual		under section 507(b)(1	
(fr	om F	Part II, col (c), line 16,		ther (specify)			F If the foundation is in a	60-month termination
	\$	4	10,086. (Part I, colu	ımn (d) must be on cash b	asis)	<u></u>	under section 507(b)(1	
Pa	ırt l	Analysis of Revenue	and Expenses	(a) Revenue and	(b) Net inves		(c) Adjusted net	(d) Disbursements for charitable purposes
	_	necessarily equal the amo	olumns (b), (c), and (d) may not ounts in column (a))	expenses per books	ıncome	<del></del>	ıncome	(cash basis only)
		Contributions, gifts, gra					N/A	
	2		lation is not required to attach Sch. B.					
	3	Interest on savings and ten cash investments	mporary	40		-4-2		CM2 MEDICESTO 1
	4	Dividends and interest	from securities	42.		42.		STATEMENT 1
	5a	Gross rents				<del>-,,</del>		
	1	Net rental income or (loss)		1 170	-m	<del></del>		
ē,	6a	Net gain or (loss) from sale Gross sales price for all	of assets not on line 10	1,170.				
Revenue	0	assets on line 6a	42,223.		1	,170.	reterror o como de la constanta de la constant	······································
æ	l	Capital gain net income (fro			<u> </u>	, 1 / 0 .		
_	1 .	Net short-term capital	gain			<del></del>		Hirmandala ar ann a an a
	9	Income modifications Gross sales less returns	I					
	l .	and allowances				<del></del>		
		Less Cost of goods sold				·····		<b></b>
	1	Gross profit or (loss)				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	1	Other income  Total Add lines 1 thro	wah 11	1,212.	1	,212.	<u> </u>	
	13	Compensation of officers,		0.		0.		0
	14	Other employee salarie					*	
	1	Pension plans, employ	<u> </u>					
nses	162	Legal fees	700 001101110		******			
ens	h	Accounting fees	STMT 2	480.		0.		0
Expen	C	Other professional fees		333.		0.		0
Š		Interest						
rati	18	Taxes	STMT 4	11.		0.		0
ist	19	Depreciation and deple	etion			P	ECEIVED	
Ė	20	Occupancy				- 1	039	<b></b>
Ą	21	Travel, conferences, ar	nd meetings			<u> </u>	0V 0 8 2010   0	
a	22	Printing and publication	ons			N S	DA 08 5010 19	2
Ę.	23	Other expenses				(6)		
ī.	24	Total operating and a	dministrative	004	1	1	GDEN, UT	4 ,
Operating and Administrative		expenses. Add lines 1		824.		1_0		2 400
O	25	Contributions, gifts, gr		2,400.				2,400
	26	Total expenses and d	lisbursements.	2 224		^		2,400
	ļ	Add lines 24 and 25		3,224.		0.		2,400
	27	Subtract line 26 from l	line 12	2 012				
	1		penses and disbursements	-2,012.	. 1	,212.		<del>-  </del>
	1	Net investment incom			1	, , , , , ,	N/A	
		Adjusted not income.	(it negative enter -0-)	t			11/17	P

l'in		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	arı,	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,088.	5,086.	5,086.
	2	Savings and temporary cash investments			
		Accounts receivable			
	_	Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
	Ì .	Less allowance for doubtful accounts ▶		1	
	5	Grants receivable			<del>-</del>
	1	Receivables due from officers, directors, trustees, and other			<del></del>
	٠	disqualified persons		1	
	,	_			
	<b>'</b>	Other notes and loans receivable	1	Ì	
	١.	Less allowance for doubtful accounts			
Assets		Inventories for sale or use			<del> </del>
SS		Prepaid expenses and deferred charges			<del> </del>
4	10a	Investments - U S and state government obligations			<del> </del>
	þ	Investments - corporate stock			
	C	Investments - corporate bonds STMT 5	41,010.	35,000.	35,000.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation		[	
	15	Other assets (describe			
	•				
	16	Total assets (to be completed by all filers)	42,098.	40,086.	40,086.
_	17	Accounts payable and accrued expenses	12/0300	20,000	
		Grants payable			
	18	· ·			
Ĭë.	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
					•
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
w		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
Ē	25	Temporarily restricted			
Ba	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
Ę	1	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	57,035.	57,035.	
šė	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	-14,937.	-16,949.	
<u>e</u>	30	Total net assets or fund balances	42,098.	40,086.	
_	••	Total flot about of falls balaness	,		
	21	Total liabilities and net assets/fund balances	42,098.	40,086.	
			· · · · · · · · · · · · · · · · ·	20/0001	······································
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Tota	I not expets or fixed belonges at beginning of year - Part II. column (a) line	20		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	JU		42 008
_	•	st agree with end-of-year figure reported on prior year's return)		1	42,098. -2,012.
		r amount from Part I, line 27a		2	-2,012.
		r increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	40,086.
		reases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	40,086.

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Form 990-PF (2009) THE CHILDRENS HEALTH FOUNDATION

		RENS HEALT						7	4-245	0465	Page 3
Part IV Capital Gains	and Loss	es for Tax on In	vestment	Income							
		s) of property sold (e g common stock, 200 shs			. b	How ac - Purc - Dona		(c) Date : (mo , d			te sold lay, yr )
1a SD PRIME OBLIG	ATIONS	- A					P				
b SD PRIME OBLIG	ATIONS	- A					P				
C					<u> </u>						
d											
е					<u>L</u>						
(e) Gross sales price	. ,, .	reciation allowed or allowable)	10,	st or other basis expense of sale				(h) Ga (e) plus	ain or (loss) s (f) minus (	g)	
a 41,373.				41,05	3.					-	320.
ь 850.											850.
C				· ·					-		
d											
e									•	-	
Complete only for assets shown	ng gain in coli	umn (h) and owned by t	the foundation	on 12/31/69			(1)	Gains (C	ol (h) gain i	minus	
				(k), but r	ot less than (from col. (f	-0-) or					
a											320.
b							,				850.
C											
d											
e										-	
2 Capital gain net income or (net ca	∫ If gain, also enter in Part I, line 7						1	,170.			
				•	1						<del></del>
3 Net short-term capital gain or (logifigain, also enter in Part I, line 8,	, column (c)	i in sections 1222(5) an	iu (b)		}	2			N/A		
Part V Qualification U		tion 4940(a) for	Reduced	Tax on Net	Inv	oetn	ent Inc	ome	IV/ A		
		<del></del>					1011111110				
(For optional use by domestic private	e iouiiuations	Subject to the Section 4	1340(a) tax uii	net myestment m	Come	; )					
If section 4940(d)(2) applies, leave t	his part blank										
Mary the foundation lights for the coo	diam 4040 tau	an the distributeble am	aunt of any us	ar in the base ser	40						X No
Was the foundation liable for the sec If "Yes," the foundation does not qua					ivu '					L 163	LAS INU
1 Enter the appropriate amount in					25						
(a)	- Cucin Coldiniii		0000110	making any onthe				T		(d)	
Base period years Calendar year (or tax year beginni	וחם וח/	(b) Adjusted qualifying dist	tributions	Net value of no	(c) nchai		use assets		Dıstrıbı (col (b) dıvı	ution ratio	(c))
2008	mg/		3,644.	· · · · · · · · ·			1,910		(00: (0) 0:::		07853
2007			5,992.				9,156				21898
2006			0.				8,461				00000
2005	<u> </u>		4,987.				9,568				00609
2004			3,200.				3,844				59431
2004								Ť			
2 Total of line 1, column (d)								2		2.1	89791
3 Average distribution ratio for the	5-vear hase n	eriod - divide the total o	on line 2 hv 5	or by the number	of ve	are		- <del>-</del> -			
the foundation has been in existe	•		on time 2 by o,	or by the number	oi ye	413		3		_ 4	37958
the loundation has been in existe	1106 11 1699 1110	iii 5 years						-			31330
4 Enter the net value of noncharital	ble-use assets	s for 2009 from Part X, I	line 5					4		39	,129.
5 Multiply line 4 by line 3								5		17	,137.
6 Enter 1% of net investment incor	me (1% of Pa	rt I, line 27b)						6			12.
7 Add lines 5 and 6		·						7		17	,149.
	_										
8 Enter qualifying distributions from If line 8 is equal to or greater that	•		1h and comp	late that nart uses	0 2 10	% tau :	rata	8		2	,400.
See the Part VI instructions	n mi <del>e</del> 7, check	tine bux in Fait VI, iiile	io, and comp	note that part usill	yaı'	νυ ιαχί	alt				

	1990-FF (2009) THE CHILDRENS REALITY FOUNDATION 74 2430	1103		- 3
Pa	rt VII-A Statements Regarding Activities (continued)	<del>,</del> ,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► RANDY FIELDS Telephone no ► 435-64		049	
	Located at ▶ 333 MAIN ST, PARK CITY, UT ZIP+4 ▶84	1060		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>•</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	<u>/A</u>	
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
١	o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2009?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
;	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009? Yes X No			
	If "Yes," list the years			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
	c if the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
	b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	[ ]		
	Form 4720, to determine if the foundation had excess business holdings in 2009.)  N/A	3b		v
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	DE	X (2000)
	F0	rm <b>990</b>	- PF (	(2009)

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orm 990-PF (2009) THE CHILDRENS HEALTH FOU			74-24504	65	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be I	Required (contin	ued)		<del></del>
5a During the year did the foundation pay or incur any amount to	4045(a)\2		es X No		
<ol> <li>Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>Influence the outcome of any specific public election (see section 4955), or</li> </ol>			S A NU		
any voter registration drive?	i to carry on, unectry or muni		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		s X No			
(4) Provide a grant to an individual for travel, study, or other similar purposes			.5 (22) 110		
509(a)(1), (2), or (3), or section 4940(d)(2)?	000011000 111 00011011	<b>□</b> Υ <sub>6</sub>	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?			s X No		
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i				
section 53 4945 or in a current notice regarding disaster assistance (see instru		v	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 fi		ined	1		
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53 4945	5-5 <i>(d</i> ).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	$\dashv$	
b If yes, did the foundation receive any proceeds or have any net income attribute				7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/		
List all officers, directors, trustees, foundation managers and their	compensation.	· <del></del>			
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid,	employee benefit plans and deferred	acco	Expense ount, other owances
RANDALL K. FIELDS	PRESIDENT	enter -0-)	compensation	aiii	owances
333 MAIN ST					
PARK CITY, UT 84060	0.00	0.	0.		0.
DEBRA J. FIELDS ROSE	CHAIR		<del></del>		
1267 E MASSEY RD.					
MEMPHIS, TN 38120	0.00	0.	0.		0.
	-				
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributors to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other
	devoted to position	.,	compensation	all	owances
NONE					
				├	
		1			
		<del> </del>		<del> </del>	
		]			
			<u> </u>	<del> </del>	
	<del></del>			<del> </del>	
			l	1	
Total number of other employees paid over \$50,000		·	<b>•</b>		0
			Form	990-F	PF (2009)

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "No	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced	information such as the	Expenses
1 N/A		
2		
3		
1200		
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 lines	1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0.

Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	38,632. 1,093.
	Average of monthly cash balances	1b	1,093.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1 d	39,725.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	39,725.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	596.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	39,129.
6	Minimum Investment return. Enter 5% of line 5	6	1,956.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here  and do not complete this part )	d certain	
1	Minimum investment return from Part X, line 6	1	1,956.
-	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI )		
	Add lines 2a and 2b	2c	24.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,932.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,932.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,932.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		2 400
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,400.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	<del></del>
þ	Cash distribution test (attach the required schedule)	3b	0.400
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,400.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,400.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	ualifies for	the section

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	( <b>d</b> ) 2009
4. Distributable amount for 2000 from Part VI	Corpus	Years prior to 2008	2008	2009
1 Distributable amount for 2009 from Part XI, line 7				1,932.
2 Undistributed income, if any, as of the end of 2009		HIIII-IIII-	H	
a Enter amount for 2008 only			0.	
b Total for prior years	······································	······································		
	1 1111	0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005 660.				
c From 2006				
d From 2007 3,580.				
e From 2008 3,570.	7,810.			
f Total of lines 3a through e	7,010.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶\$ 2,400.				
			0.	
a Applied to 2008, but not more than line 2a b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				<del>Financialistani maadindin j</del>
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount			**************************************	1,932.
e Remaining amount distributed out of corpus	468.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,278.	•		·····
<b>b</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		0.		
assessed		0.		
d Subtract line 6c from line 6b Taxable		0.		
amount - see instructions e Undistributed income for 2008 Subtract line		0.		······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of		<u> </u>		
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.	0.070			
Subtract lines 7 and 8 from line 6a	8,278.			
10 Analysis of line 9				
a Excess from 2005 660.				
b Excess from 2006				
c Excess from 2007 3,580. d Excess from 2008 3,570.				
150				
e Excess from 2009 468.	<u> </u>		<u> </u>	Form <b>990-PF</b> (2009)

Part XVI-A	Analysis	of Income	e-Producing	Activities
Part Aview	Allalysis		3-Fi Oddcii iy	MCHAINE2

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code	711100111	code	Airiount	
a	_	- <del></del>			
b	_				
C	_				
d					
e	_				
f	_				
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	42.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	1,170.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
	l l				
d	i				
8	_				
12 Subtotal Add columns (b), (d), and (e)	_	(	<b>7.</b>	1,212.	
13 Total Add line 12, columns (b), (d), and (e)	L1			13	1,21
(See worksheet in line 13 instructions to verify calculations	<b>\</b>				

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)								
lacktriangle	the founda	ation's exempt p	urpose	s (other than by provid	ling funds for such	purposes)			
3	INCOME	EARNED	ON	BROKERAGE	ACCOUNT	USED	FOR	CHARITABLE	ACTIVITIES
4	INCOME	EARNED	ON	BROKERAGE	ACCOUNT	USED	FOR	CHARITABLE	ACTIVITIES
8	INCOME	EARNED	ON	BROKERAGE	ACCOUNT	USED	FOR	CHARITABLE	ACTIVITIES
									· · ·
				·					
		<u> </u>	_						
								<del></del>	
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	ļ. <u>.</u>								
923621	<u> </u>							<del></del>	5 OOO DE (0000)
02-02-10									Form <b>990-PF</b> (2009)

P	art XVII Information Regarding Transfers To Exempt Organizations	and Transactions ar	nd Relationships With Nonch	aritable	е	
1	Did the organization directly or indirectly engage in any of the following	ng with any other organization	described in section 501(c) of		Yes	No
-	the Code (other than section 501(c)(3) organizations) or in section 5	-				
a	Transfers from the reporting foundation to a noncharitable exempt of					
	(1) Cash	•		1a(1)		x
	(2) Other assets			1a(2)		X
b	Other transactions			13.52		
	(1) Sales of assets to a noncharitable exempt organization			16(1)	[	Х
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)		Х
	(3) Rental of facilities, equipment, or other assets			1b(3)		X
	(4) Reimbursement arrangements			1b(4)		X
	(5) Loans or loan guarantees			1b(5)		X
	(6) Performance of services or membership or fundraising solicitation	ons		1b(6)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid en			10		X
	I If the answer to any of the above is "Yes," complete the following sch		avs show the fair market value of the goods	·	ets.	
	or services given by the reporting foundation. If the foundation received column (d) the value of the goods, other assets, or services received				,	
(a)	Line no (b) Amount involved (c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, an	d shanng ar	rangeme	nts
	N/A				-	
		- 45-11				
					*****	
	Is the foundation directly or indirectly affiliated with, or related to, one in section 501(c) of the Code (other than section 501(c)(3)) or in sec		ations described	Yes	X	] No
<u>_b</u>	If "Yes," complete the following schedule	(b) Type of organization	(c) Description of relation			
_	(a) Name of organization N/A	(b) Type of organization	(b) Description of telation	isilip		
_	N/A					
_						
_						
_			1			
	Under penalties of perjury, I declare that I have examined this retorn, including according and complete. Declaration of preparer other than taxpayer or flouciaty is based or	ompanying schedules and statement all information of which preparer has	nts, and to the best of my knowledge and belief, it as any knowledge	is true, corre	ct,	_
		11/3/10	L Chairman			
ere	signature of officer or trustee	Date	Title			
된	Preparer's Preparer's	Da		arer's identify	ying num	ber
Sign Here	signature signature		)· Z9./D   self- employed ► □			
		SS ADVISORS,	LLC EIN ▶			
]	if self-employed) 1706 SOUTH 500 WEST	r, SUITE 200				
	address, and ZIP code BOUNTIFUL, UT 84010			-296 <b>-</b>		
				Form <b>990</b>	- <b>PF</b> (	2009)
	V					

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT 1	
SOURCE		GROSS	CAPITAL GAINS AMOUNT DIVIDENDS		COLUMN (A) AMOUNT		
US BANCORP	-		42.		0.	42.	
TOTAL TO FM 990-PF, PART I, I	N 4		42.		0.	42.	
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT 2	
DESCRIPTION	EXPE	A) NSES BOOKS			ADJUSTED	CHARITABLE	
ACCOUNTING		480.		0.	-	0.	
TO FORM 990-PF, PG 1, LN 16B		480.		0.		0.	
FORM 990-PF 0	THER I	PROFES	SIONAL FI	EES		STATEMENT 3	
DESCRIPTION	EXPE	A) NSES BOOKS	NET INV	EST-		CHARITABLE	
MAINTENANCE FEES	· ·	333.		0.		0.	
TO FORM 990-PF, PG 1, LN 16C		333.		0.		0.	
	TAXES				STATEMENT 4		
FORM 990-PF						<del></del>	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
	EXPE	NSES	NET INV		ADJUSTED	CHARITABLE	

FORM 990-PF CORPORATE BONDS		STATEMENT	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
US BANCORP	35,000.	35,000.	
TOTAL TO FORM 990-PF, PART II, LINE 10C	35,000.	35,000.	

## 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

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)		<b>▶</b> X
	complete Part II unless you have already been granted an automatic 3-month extension on a previously file			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			<del></del>
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	-1-4-		
art I on		piete		▶ □
o file inc	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns			
noted be not auto ou mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension blow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or control to submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you war ated Form 9	nt the additional 90.T. Instead,
ype or	Name of Exempt Organization	Empl	oyer identi	fication number
orint				
	THE CHILDRENS HEALTH FOUNDATION	7	<u>4-2450</u>	465
file by the due date fo iling your	Number, street, and room or suite no. If a P.O. box, see instructions.  3160 PINEBROOK ROAD			
etum See nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	····	<del></del>	<del></del>
	PARK CITY, UT 84098			
31 l. A				
Jneck t	ype of return to be filed (file a separate application for each return):			
Fo	rm 990	20		
Fo	rm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27		
Fo	rm 990-EZ Form 990-T (trust other than above) Form 60	69		
X Fo	rm 990-PF Form 1041-A Form 88	70		
● The b	RANDY FIELDS  sooks are in the care of ▶ 333 MAIN ST - PARK CITY, UT 84060			
Telep	hone No. ► 435-645-2049 FAX No. ►			
• If the	organization does not have an office or place of business in the United States, check this box			<b></b>
lf this	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is fo	the whole	group, check this
oox 🕨	. If it is for part of the group, check this box > and attach a list with the names and EINs of all it	memb	ers the exte	ension will cover.
1 1 re	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti AUGUST 15, 2010 , to file the exempt organization return for the organization named a	l bove.	The extens	ion
ıs	for the organization's return for:			
<b>&gt;</b>	X calendar year $2009$ or			
<b>&gt;</b>	tax year beginning , and ending		_ ·	
2 lf 1	this tax year is for less than 12 months, check reason: Initial return Final return		Change in a	accounting period
3a If 1	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
no	onrefundable credits. See instructions.	3a	\$	0.
b 1f1	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	x payments made. Include any prior year overpayment allowed as a credit.	3ь	\$	0.
	plance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
de	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
	ee instructions.	3с	\$	0.
		8870-	EO for payr	ment instructions
Caution	. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	0019-	LO 101 Payl	ment instructions.
I HA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form	1 8868 (Rev 4-2009)

Form 886	8 (Rev 4-2009)			Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and che	eck this box		▶ X	
	nly complete Part II if you have already been granted an automatic 3-month extension on a previous	ously filed F	orm 8868.	,	
1	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Part I		ginal (no co	oles needed).		
Type or	Name of Exempt Organization	31. J. J.	Employer identification number		
print	THE CHILDRENS HEALTH FOUNDATION	23021	74-245	: O 4 6 E	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use or		
extended due date for filing the				11y	
return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PARK CITY, UT 84098				
Check ty	ype of return to be filed (File a separate application for each return):				
	rm 990	=	☐ Form 5227 ☐ Form 6069	Form 8870	
STOP! D	to not complete Part II if you were not already granted an automatic 3-month extension on	a previous	y filed Form 8	3868.	
Telepi  If the  If this  box ▶  4 I re  5 For  6 If t  7 Sta	who works are in the care of ▶ 333 MAIN ST - PARK CITY, UT 84060 hone No. ▶ 435-645-2049 FAX No. ▶  organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box ▶ and attach a list with the names and Exercise an additional 3-month extension of time until NOVEMBER 15, 2010.  In calendar year 2009, or other tax year beginning , and this tax year is for less than 12 months, check reason: Initial return Final return ate in detail why you need the extension NFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN	. If this EINs of all m I ending um	Change I	n accounting period	
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any inrefundable credits. See instructions.	у	8a \$	0.	
	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estima	ated	· 1		
tax	x payments made. Include any prior year overpayment allowed as a credit and any amount paid	-	<u> </u>	0	
	reviously with Form 8868.		8b   \$	0.	
	stance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, de		8c \$	0.	
wi	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See ins Signature and Verification	tructions.	oc   \$		
it is true, o	naities of penury, I declare that have examined this form, including accompanying schedules and statements correct, and complete, and that am authorized to prepare this form	s, and to the I	best of my know		
Signature	Title V A	<del></del>			
	$\sim$		FC	rm <b>8868</b> (Rev 4-2009)	