

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



. Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

ror	caler	idar year 2011 or tax year beginning		, and ending		
Nai	me o	foundation			A Employer identification	number
Т	ΉE	CHILDRENS HEALTH FOUNI	DATION		74-2450465	
Nur	nber a	and street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number	
3	16	0 PINEBROOK ROAD			435-649-22	21
City	or t	own, state, and ZIP code			C If exemption application is p	· · · · · · · · · · · · · · · · · · ·
•		K CITY, UT 84098				
		all that apply Initial return	Initial return of a for	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return	, , , , , , , , , , , , , , , , , , ,		.,
		Address change	Name change		Foreign organizations me 2. check here and attach co	eting the 85% test,
H C	heck		xempt private foundation		}	
	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundat	tion	If private foundation state under section 507(b)(1)	
l Fa		rket value of all assets at end of year J Account		X Accrual		
		·	other (specify)		F If the foundation is in a 6 under section 507(b)(1)	· · · · · · · · · · · · · · · · · · ·
			umn (d) must be on cash b	asis.)		(b), 01100K 11010
Pa	irt l		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	Income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	,
	2	Check ► X if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary				
	4	Dividends and interest from securities	430.	430.		STATEMENT 1
	1	Gross rents				<u> </u>
	Ι.	Net rental income or (loss)				
•	۱ ـ	Net gain or (loss) from sale of assets not on line 10			 	· · · · · · · · · · · · · · · · · · ·
nue	b	Gross sales price for all assets on line 6a		······································	H ************************************	
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		FORNIEN
æ	8	Net short-term capital gain		······································		
	9	Income modifications	***************************************	+ *** ,*******	6	
	10a	Gross sates less returns and allowances		······	a N	JV 1 S 2012
	Ι.	Less Cost of goods sold	**************************************	<u> </u>		······································
	f	Gross profit or (loss)			00	TUCK! IIT
	11	Other income				
	12	Total. Add lines 1 through 11	430.	430.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
Sen	þ	Accounting fees STMT 2	400.	0.		0
EX		Other professional fees				
<u>×</u>	17	Interest				
rat	18	Taxes STMT 3	365.	0.		C
Operating and Administrative Expens	19	Depreciation and depletion				
Ē	20	Occupancy				
٩	21	Travel, conferences, and meetings				
DUE.	22	Printing and publications				
၌	23	Other expenses				
aţiı		Total operating and administrative				
þ		expenses. Add lines 13 through 23	765.	0.		0
0	25	Contributions, gifts, grants paid	2,200.			2,200
-		Total expenses and disbursements.				
		Add lines 24 and 25	2,965.	0.		2,200
$\neg \neg$	27	Subtract line 26 from line 12				
- 1			-2,535.			
	a	excess of revenue over expenses and dispursements	2,0000			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	2/3333	430.		·

12-02-11 LHA For Paperwork Reduction Act Notice, see Instructions.

123511

Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

	Part IV Capital Gains an	d Losses for Tax on Ir	nvestmen	t Income				_		
		the kind(s) of property sold (e gouse, or common stock, 200 sh			P	How ac - Purc - Don			e acquired day, yr)	(d) Date sold (mo , day, yr)
1	a									
_	b NONE	<u> </u>			<u> </u>					
	<u>c </u>				_					
	d				-					
_	<u> </u>	/D D	4.3.0		<u> </u>	Γ				Ļ———
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					Gain or (loss us (f) minus	
_	a		<u> </u>							
_	b									
_	<u>c</u>		 			ļ			· · · · · · · · · · · · · · · · · · ·	
	<u>d</u>									
_'	Complete only for assets showing g	ain in column (h) and owned by	the foundation	on 12/31/69	-			(I) Caino (Col (b) cor	
_	Ouriplete only for assets showing g	(j) Adjusted basis		cess of col (i)					(Col. (h) gain I not less thai	
_	(i) F M V as of 12/31/69	as of 12/31/69		col (j), if any					s (from col (
_	3									
_	b									
_			-					- .		
_	1									
_	<u> </u>		L							
2	Capital gain net income or (net capita	I loss) If gain, also enter -0)	2				
3	Net short-term capital gain or (loss) a	is defined in sections 1222(5) an	nd (6)							
	If gain, also enter in Part I, line 8, coli	ımı (c)	. ,							
_	If (loss), enter -0- in Part I, line 8	0-4-4040(-) (. D	T N-A		3				
_	Part V Qualification Und						ient in	come		
(F	or optional use by domestic private for	indations subject to the section 4	4940(a) tax on	net investment in	come	e)				
If.	section 4940(d)(2) applies, leave this p	oart blank								
14/	las the foundation liable for the costions	4040 tour on the distributable and	-							Yes X No
	as the foundation liable for the section			•	noa z					LYes LA_ No
<u>"</u>	Yes," the foundation does not qualify in Enter the appropriate amount in each				es.					
÷	(a)	(b)		, , , , , , , , , , , , , , , , , , ,	(c)			-1		(d)
	Base periód years Calendar year (or tax year beginning i		tributions	Net value of no	ncha	, rıtable-	use assets	s	Distrib (col (b) div	putión ratio ided by col. (c))
_	2010	"/	0.			3	9,60	3.	(55. (5) 5	.000000
_	2009		2,400.	 -	_		9,129			.061336
	2008		3,644.				1,910			1.907853
	2007		5,992.				9,150			.121898
	2006		0.			4	8,46	1.		.00000
2	Total of line 1, column (d)							2		2.091087
3	Average distribution ratio for the 5-ye	ear base period - divide the total (on line 2 by 5,	or by the number	of ye	ars				
	the foundation has been in existence	ıf less than 5 years						3_		.418217
4	Enter the net value of noncharitable-u	ice accets for 2011 from Part Y	line 5					4		1,656.
•	Enter the net value of honoralitation t	iso assorts for Eo i i from i are X,							 	
5	Multiply line 4 by line 3	•						5_	 	693.
6	Enter 1% of net investment income (1% of Part I, line 27b)						6_		4.
7	Add lines 5 and 6							7		697.
8	Enter qualifying distributions from Pa	rt XII, line 4						8		2,200.
	If line 8 is equal to or greater than line See the Part VI instructions		1b, and comp	olete that part usin	g a 1	% tax ı	rate			

Forn	990-PF(2011) THE CHILDRENS HEALTH FOUNDATION			<u> 2450</u>			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4	948 -	- see i	nstru	ction	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.						
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)						_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	ļ	1		.,,,,-,		4.
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)						_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	ļ	2				0.
3	Add lines 1 and 2		3_				4.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				4.
6	Credits/Payments						
а	2011 estimated tax payments and 2010 overpayment credited to 2011						
	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						^
7	Total credits and payments Add lines 6a through 6d		7				0.
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				4.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
	Enter the amount of line 10 to be Credited to 2012 estimated tax	1 ▶	11	L			
	rt VII-A Statements Regarding Activities					Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or into	rvene	In		4.	162	X
	any political campaign?	2013			<u> 1a</u> 1b		X
Ö	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definiti				10		
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials put	DIISHE	o or				
_	distributed by the foundation in connection with the activities				1 c		X
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
u	(1) On the foundation > \$ (2) On foundation managers > \$	0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
	managers > \$ 0.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		Х
_	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	tion, o	r				
Ĭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	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	e state	law				
	remain in the governing instrument?				6		X
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.						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE						
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)					w	
	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) f	or cale	ndar				v
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses				10		

Form **990-PF** (2011)

Form **990-PF** (2011)

Х

3h

4a

Yes X No

N/A

b If "Yes," did it have excess business holdings in 2011 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,

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

Form 4720, to determine if the foundation had excess business holdings in 2011.)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

during the year?

All other program-related investments. See instructions

Total. Add lines 1 through 3

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1,502. a Average monthly fair market value of securities 1a 1b b Average of monthly cash balances 1c c Fair market value of all other assets 1,681. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 1,681. 3 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 4 1,656. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 5 83. Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part) 83. Minimum investment return from Part X, line 6 1 1 4. Tax on investment income for 2011 from Part VI, line 5 b Income tax for 2011 (This does not include the tax from Part VI) c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 6 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 7 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 2,200. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a 3b **b** Cash distribution test (attach the required schedule) 2,200. 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 5 income Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2011)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				79.
line 7				
2 Undistributed income, if any, as of the end of 2011			0.	
a Enter amount for 2010 only				· · · · · · · · · · · · · · · · · · ·
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2011	······			######################################
ı				
a From 2006 b From 2007 2,281.				
b From 2007 2, 281. c From 2008 3, 570.				
d From 2009 468.				
e From 2010				
f Total of lines 3a through e	6,319.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ►\$ 2,200.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior	**************************************			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		.,,,	
d Applied to 2011 distributable amount				79.
e Remaining amount distributed out of corpus	2,121.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below	8,440.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0/110			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	0.440			
Subtract lines 7 and 8 from line 6a	8,440.			
10 Analysis of line 9				
a Excess from 2007 b Excess from 2008 2,281.				
4.00				
c Excess from 2009 468.				
d Excess from 2010				
e Excess from 2011 2, 121.		<u> </u>	L	Form 990-PF (2011)

tartiti ouppionionali informati				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
		}		
CASTING FOR A CURE	NONE	EXEMPT	RESEARCH FOR CHILDHOOD	
3160 PINEBROOK RD	NON2		DISEASE	
PARK CITY, UT 84098				200.
		L		
CANINES WITH A CAUSE	NONE	EXEMPT	GENERAL DONATION	
PO BOX 680426 PARK CITY, UT 84068		Į		2,000.
118.8. C111, 01 0100			 	
		 -	 	
		ļ		
	<u>.</u>		1	
Total			▶ 3a	2,200.
b Approved for future payment				
NONE				
		ļ		
Total			D 2h	

Part XVI-A Analysis of Income-Producing Ac
--

(a) Business code	(b) Amount	(C) Exclu-	(d)	(e)
code		sion	Amount	Related or exemp function income
		code	Amount	- Idilication income
-		 		
_		+-+		
_	 . 	 		
-				
_				
		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	14	430.	
				····
				_
 		+		
		+		
	<u> </u>	 		
-		 -		
		+ 		
1 1		 		
-		+		
	0		430	
LL		<u>- </u>		4:
			14	14 430.

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

Line No.	L -		-	or which income is rep es (other than by provid	•			ibuted importantly to the	accomplishment of
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
				-					
							_		
									
									·
									·
					-				
									
			_						
							-		

123621 12-02-11

Form **990-PF** (2011)

orm 990	\=0/ =			FOUNDATION					ge 13
Part)		n Regarding Tra ganizations	insfers To a	and Transactions a	and Relations	ships With Nonch	aritable		
1 Did	the organization directly (or indirectly engage in ai	ny of the followin	ig with any other organization	on described in sec	tion 501(c) of		Yes	No
the	Code (other than section :	501(c)(3) organizations) or in section 52	27, relating to political organ	nizations?				
a Tran	sfers from the reporting	foundation to a nonchar	itable exempt or	ganization of					
(1)	Cash						1a(1)		Х
(2)	Other assets						1a(2)		Х
b Othe	er transactions						-		
(1)	Sales of assets to a nonc	haritable exempt organi	zation				1b(1)		X
(2)	Purchases of assets from	n a noncharitable exemp	t organization				1b(2)		X
(3)	Rental of facilities, equip	ment, or other assets					1b(3)		Х
(4)	Reimbursement arranger	ments					1b(4)		X
(5)	Loans or loan guarantees	S					1b(5)		Х
(6)	Performance of services	or membership or fund	raising solicitatio	ons			1b(6)		X
	ring of facilities, equipme						10		X
				edule Column (b) should al				sets,	
or s	ervices given by the repo	rting foundation If the f	oundation receiv	ed less than fair market vali	ue in any transactio	n or sharing arrangement	, show in		
colu	imn (d) the value of the g								
(a) Line no	(b) Amount involve	d (c) Name		e exempt organization	(d) Descriptio	n of transfers, transactions, ar	nd sharing ar	rangeme	nts
			N/A						
							_		
					. –				
	<u> </u>								
		<u> </u>		. .					
	ļ								
_						<u> </u>			
ın s	ne foundation directly or in ection 501(c) of the Code 'es," complete the followin	(other than section 501		or more tax-exempt organi tion 527?	izations described		Yes	X] No
		of organization		(b) Type of organization		(c) Description of relation	nship		
		/A		(-, ,,,		,	•	-	
	· · · · · · · · · · · · · · · · · · ·								
	· · · · · · · · · · · · · · · · · · ·			-					
			<u> </u>			•			
-	1							•	
	Under penalties of payary, I	seclare that I have examined	this return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge	May the IRS	diecijes	this
Sign Here	X		f preparer (other tha	n taxpayer) is based on all inform		r nas any knowledge	eturn with the shown below X Yes	e prepar (see ins	er
	Signature of officer or t			O Date	Title	<u> </u>			
	Print/Type prepar	er's name	Preparel's s	lg ature	Date	Check if PTIN	N		
			K		11.7-12	self- employed			
Paid	RANDY S						01260		
Prepa Use C	Only	PROFESSIONA				Firm's EIN ► 20-	31531	67	
		1706 SOUTH			0				
		BOUNTIFUL,	<u>UT 840</u>	10		Phone no 801	<u> -296-</u>	106	0

Form **990-PF** (2011)

FORM 990-PF DIVIDENT	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	
US BANCORP	•		430.		0.	43	0.
TOTAL TO FM 990-PF, PART I, I	LN 4		430.		0.	43	0.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE		NET INV		(C) ADJUSTED NET INCOM	(D) CHARITAB IE PURPOSE	
ACCOUNTING		400.		0.			0.
TO FORM 990-PF, PG 1, LN 16B		400.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	3
					(C)	(D)	
DESCRIPTION	EXPE	A) NSES BOOKS	NET INVI	EST-	ADJUSTED NET INCOM	CHARITAB	
DESCRIPTION	EXPE	NSES	NET INVI	EST-	ADJUSTED	CHARITAB IE PURPOSE	
	EXPE	NSES BOOKS	NET INVI	EST- COME	ADJUSTED	CHARITAB IE PURPOSE	S
LICENSE	PER	NSES BOOKS 365.	NET INVI	EST- COME 0.	ADJUSTED	CHARITAB IE PURPOSE	0.
LICENSE TO FORM 990-PF, PG 1, LN 18	PER	NSES BOOKS 365.	MENT INC	0. 0.	ADJUSTED	CHARITAB IE PURPOSE	0.
LICENSE TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	PER	NSES BOOKS 365.	MENT INC	0. 0.	ADJUSTED NET INCOM	CHARITAB IE PURPOSE STATEMENT FAIR MARKET	0.

FORM 990-PF CORPORAT	CORPORATE BONDS			
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
US BANCORP	11,481.	11,481.		
TOTAL TO FORM 990-PF, PART II, LINE 10C	11,481.	11,481.		

Form **3868** (Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			► X
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not co	omplete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electronia	c filing (e-file) You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (l	6 months for a c	orporation
equired to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form 8	368 to request a	ın extension
	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pag					
	irs.gov/efile and click on e-file for Charities & Nonprofits		, , , , , , , , , , , , , , , , , , ,			
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
corpora	tion required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and	complete		
art I only	<i>'</i>					▶ ∐
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and to	rusts must use Form 7004 to reques	st an exter	sion of time	
ype or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification n	umber (EIN) o
orint	THE CHILDRENS HEALTH FOUND	ATION		X	74-2450	465
ile by the lue date for iling your	Number, street, and room or suite no. If a P.O. box, s 3160 PINEBROOK ROAD	ee instruc	tions.	Social se	curity number (S	SSN)
etum See nstructions	City, town or post office, state, and ZIP code. For a for PARK CITY, UT 84098	oreign add	ress, see instructions.	<u></u>		
	PARK CITE, 01 04090				·	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Application	on	Return	Application			Return
s For		Code	ls For		· 	Code
orm 990		01	Form 990-T (corporation)			07
orm 990-	·BL	02	Form 1041-A			08
orm 990-	EZ	01	Form 4720			09
orm 990-	PF	04	Form 5227			10
orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990-	T (trust other than above)	06	Form 8870			12
Telepho	RANDY FIELDS obtained by the care of \blacktriangleright 333 MAIN ST $-$ 300 one No. \blacktriangleright 435-645-2049 organization does not have an office or place of business for a Group Return, enter the organization's four digit	s in the Un	FAX No. ►		r the whole grou	▶ □
oox ► [. If it is for part of the group, check this box	-			-	•
1 I rec	quest an automatic 3-month (6 months for a corporation	required		until		113 107.
is fo	or the organization's return for:	n Organiza	tion rotom for the organization mane	od above.	THE EXTERISION	
₽ [$\frac{X}{X}$ calendar year $\frac{2011}{X}$ or $\frac{1}{X}$ tax year beginning		d anding			
	tax year beginning	, an	a enaing		- ·	
2 If th	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n	
	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
				- I	.	Λ
non	refundable credits. See instructions.	ontor en:	rofundable arodite and	3a	\$	0.
noni b If thi	refundable credits. See instructions. is application is for Form 990-PF, 990-T, 4720, or 6069,	-		3a 3b		0.
noni b If the	refundable credits. See instructions.	payment al	lowed as a credit.		\$	0.

LHA

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

Form, 38	668 (Rev. 1-2012)		,		Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and ch	eck this box	▶ X	
	inly complete Part II if you have already been granted an			iously filed Form 8868.		
	are filing for an Automatic 3-Month Extension, comple					
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the	original (no copies neede	ed).	
			Enter	r filer's identifying number, se	instructions	
Type or	Name of exempt organization or other filer, see instru	ł	Employer identification a	number (EIN) or		
print		1	i			
File by the				X 74-2450465		
filing your		tions.	Social security number	Social security number (SSN)		
return. Sec instruction		oreign add	ress, see instructions.			
Enter th	e Return code for the return that this application is for (fil	e a senara	te application for each return	١	0 4	
Littor ti		o a sopaia	to application for each return	,		
Application			Application		Return	
Is For		Return	Is For	i		
Form 990		01	(A) Y, (55.)			
Form 990-BL		02	Form 1041-A	041-A 08		
Form 990-EZ		01	Form 4720			
Form 990-PF		04	Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			
Form 990-T (trust other than above)			Form 8870	9870 12		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.						
	RANDY FIELDS		1			
• The	books are in the care of ▶ 333 MAIN ST -	PARK	CITY, UT 84060			
Tele	phone No. ► 435-645-2049		FAX No. ▶			
• If the	e organization does not have an office or place of busines	s in the U	nited States, check this box .		▶ □	
• If thi	s is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	If this is for the whole gro	up, check this	
box ▶				EINs of all members the extens	on is for.	
4	I request an additional 3-month extension of time until NOVEMBER 15, 2012.					
5 F	or calendar year 2011 , or other tax year beginning $ _$, an	, 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 S						
]	INFORMATION NEEDED TO FILE RETURN NOT AVAILABLE					
8a If	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.					
	this application is for Form 990-PF, 990-T, 4720, or 6069					
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid				0	
	previously with Form 8868.			8b \$	0.	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by					0.	
	FTPS (Electronic Federal Tax Payment System). See inst			8c \$	<u></u>	
	Signature and Verifica					
Under p	enalties of periocy, I declare that I have examined this form, inclu , correct, and complete, and that I am authorized to prepare this t	ding accom	panying schedules and statemen	its, and to the best of my knowledge	and beliet,	
		· · · · · · · · · · · · · · · · · · ·	2	Date ► 8-3-	12	
Signatu	THE PARTY OF THE P	-01			68 (Rev. 1-2012)	
	\mathcal{N}			1011100	(1.01. 1 2012)	
	/\					
	11		•			
	V					