

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

OMB No 1545-0052

Department of the Treasury Note The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service and ending For calendar year 2012 or tax year beginning A Employer identification number Name of foundation 74-2450465 THE CHILDRENS HEALTH FOUNDATION Room/suite B Telephone number Number and street (or P O box number if mail is not delivered to street address) 435-649-2221 299 SOUTH MAIN STREET, SUITE 2370 C If exemption application is pending, check here City or town, state, and ZIP code SALT LAKE CITY, 84111 D 1 Foreign organizations, check here Initial return of a former public charity Initial return G Check all that apply Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here X Accrual _ Cash I Fair market value of all assets at end of year | J | Accounting method F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) (from Part II, col (c), line 16) 37,738. (Part I, column (d) must be on cash basis.) ▶\$ Part 1 Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for chantable purposes (cash basis only) income income expenses per books N/A 1 Contributions, gifts, grants, etc., received 2 Check ► X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 287. 287 STATEMENT 4 Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) RECEIVED 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) OGDEN. 11 Other income 287. 287. 12 Total Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees 0 0. 365 STMT 2 c Other professional fees inistrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0. 4 0 STMT 3 23 Other expenses 24 Total operating and administrative 0. 0. 369 expenses Add lines 13 through 23 Ο. Contributions, gifts, grants paid Total expenses and disbursements. 369 0 Add lines 24 and 25 27 Subtract line 26 from line 12 -82 8 Excess of revenue over expenses and disbursements 287 b Net investment income (if negative, enter -0-) N/A

LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2012)

c Adjusted net income (if negative, enter -0-)

		Attached schedules and amounts in the description	Beginning of year			
P	art	Balance Sheets Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	4,179.	3,810.	3,810.	
		Savings and temporary cash investments				
		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				
	ľ	disqualified persons				
	7	Other notes and loans receivable				
	'	Less allowance for doubtful accounts ▶				
(A)	A	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		<u> </u>		
As		Investments - U S and state government obligations				
		Investments - corporate stock STMT 4	22,160.	22,160.	22,160.	
	l	Investments - corporate bonds STMT 5	11,481.	11,768.	11,768.	
	l	Investments - land buildings and equipment basis	***************************************	· murumu · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————	
	''	Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
		Land, buildings, and equipment basis		· · · · · · · · · · · · · · · · · · ·		
	'4	Less accumulated depreciation				
	1.5	Other assets (describe				
	13	Other assets (describe =				
	46	Total assets (to be completed by all filers)	37,820.	37,738.	37,738.	
_		Accounts payable and accrued expenses				
	1	Grants payable				
	18	Deferred revenue		·····		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
Ē	21	Mortgages and other notes payable				
Ë:		Other liabilities (describe				
	22	Other liabilities (describe				
	23	Total liabilities (add lines 17 through 22)	0.	0.		
	-	Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31				
es	24	Unrestricted				
auc	25	Temporarily restricted				
3al	26			- 1, ,		
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here				
Ę		and complete lines 27 through 31				
ō	27	· · · · · · · · · · · · · · · · · · ·	57,035.	57,035.		
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.		
Ass	29	Retained earnings, accumulated income, endowment, or other funds	-19,215.	-19,297.		
<u>e</u>	30	Total net assets or fund balances	37,820.	37,738.		
2				-		
	31	Total liabilities and net assets/fund balances	37,820.	37,738.		
			Ralancas			
1	Tota	al net assets or fund balances at beginning of year - Part II, column (a), line	e 30		27 222	
		ist agree with end-of-year figure reported on prior year's return)		1	37,820.	
		er amount from Part I, line 27a		2	-82.	
3	Oth	er increases not included in line 2 (itemize)		3	0.	
4		l lines 1, 2, and 3		4	37,738.	
5		reases not included in line 2 (itemize)		5	0.	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	37,738.	
					Form 990-PF (2012)	

	cribe the kind(s) of property sold arehouse, or common stock, 200			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				<u> </u>		
b NC)NE					
<u>C</u>		 	 	 		
<u>d</u>			<u> </u>	 		
е	(f) Depreciation allowed	(n) Cos	st or other basis		(h) Gain or (loss	.\ :\
(e) Gross sales price	(or allowable)		expense of sale		(e) plus (f) minus	
<u>a</u>						
<u>b</u>	 					
<u>C</u>						
<u>d</u> e						
	ng gain in column (h) and owned	by the foundation	on 12/31/69	(1) Gains (Col (h) gair	ımınııs
Complete only for 2000to only for	(j) Adjusted basis		cess of col (I)		(k), but not less tha	in -0-) or
(i) F M V as of 12/31/69	as of 12/31/69		col (J), if any		Losses (from col	(h))
a						
b						
C						
<u>d</u>						
е	<u> </u>					
	∫ If gain, also €	enter in Part I, line er -0- in Part I, line	7	<i>J</i>		
2 Capital gain net income or (net c	apital loss) 🔪 If (loss), ente	er -0- in Part I, line	7	J 2		
3 Net short-term capital gain or (lo		5) and (6)				
If gain, also enter in Part I, line 8				}		
Part V Qualification L		for Reduced	Tax on Net	Investment Inc	ome	
For optional use by domestic privat						
To optional use by domestic privat	e loundations subject to the sect	1011 4540(a) tax 011	not investment in	icome j		
f section 4940(d)(2) applies, leave t	this part blank					
Was the foundation liable for the sec	ction 4942 tax on the distributable	e amount of any ye	ear in the base per	riod?		Yes X No
f "Yes," the foundation does not qua			•			
Enter the appropriate amount in	each column for each year, see t	he instructions bet	fore making any e	ntries		
(a) Base period years	(b)			(c)	Distri	(d) bution ratio
Calendar year (or tax year beginn	ing in) Adjusted qualifying	·	Net value of no	ncharitable-use assets	(col (b) dr	vided by col (c))
2011		2,196.	 .	1,656	•	1.326087
2010		0.		39,608		.000000
2009		2,400.		39,129		.061336
2008		3,644.		1,910		1.907853
2007		5,992.		49,156		.121898
Total of hour diseases (3)						3.417174
2 Total of line 1, column (d)	Cura has saud duuda tha ta	-4-1 h 0 h 5	ar hi tha airmhar	afaa.	2	3.41/1/4
Average distribution ratio for the		otal on line 2 by 5,	or by the number	or years		.683435
the foundation has been in existe	ence it less than 5 years				3	.003433
4 Enter the net value of noncharita	bla-ueo accate for 2012 from Par	t V line 5			4	37,212.
Enter the net value of honoranta	DIE-USE ASSELS IOI 2012 ITOITI PAT	(X, IIIIe 5			- 	31,212.
Multiply line 4 by line 3					5	25,432.
J Wildiaply life 4 by life 3					• • • • • • • • • •	23/132.
Enter 1% of net investment incor	me (1% of Part I line 27h)				6	_ 3.
	(
' Add lines 5 and 6					7	25,435.
.==						
Benter qualifying distributions from	m Part XII, line 4				8	0.
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, check the box in Part VI,	line 1b, and comp	lete that part usin	g a 1% tax rate		

Form			2450			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	18 -	see i	nstru	ctio	ns)
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		1				6.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax dilact social of the definestic content to the tax and tax are tax and tax are tax	2				0.
3	Add lines 1 and 2	3				6.
4	Subtitle A (income) tax (domestic section 4547 (a)(1) trades and taxable realisations only office of the contest of the contes	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				6.
6	Credits/Payments					
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
b	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 6d	- 1				•
	Total credits and payments. And lines on timedgined	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax dad. If the total of mice of and of a more than the figure of the fi	9				6.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Effet the amount of time to to be organizate as a	11				
	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in				Yes	No
	any political campaign?			1a		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 published	or				
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			10		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ 0 .					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$O.					v
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					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N	۸/	4a		
	o If "Yes," has it filed a tax return on Form 990-T for this year?	IN /	A	40		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
_	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 state la	w				х
	remain in the governing instrument?			7	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				<u> </u>	
_	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)					
_	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	ar				
-	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	- A Company of the Co			10		X
			For	m 990	-PF	(2012)

223531

Form 990-PF (2012)

X

3b

4a

Yes X No

N/A

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

b if "Yes," did it have excess business holdings in 2012 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

during the year?

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundate				
1 Fair market value of assets not used (or held for use) directly in carrying out of	haritable, etc., purposes		10	22 160
a Average monthly fair market value of securities			1a	22,160. 15,619.
b Average of monthly cash balances			16	15,019.
c Fair market value of all other assets			1c	37,779.
d Total (add lines 1a, b, and c)			1d	31,119.
e Reduction claimed for blockage or other factors reported on lines 1a and	1.1	0		
1c (attach detailed explanation)		0.		0
2 Acquisition indebtedness applicable to line 1 assets			2	0. 37,779.
3 Subtract line 2 from line 1d			3	
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater a			4	567.
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here	and on Part V, line 4		5	37,212.
6 Minimum investment return. Enter 5% of line 5			6	1,861.
Part XI Distributable Amount (see instructions) (Section 4942) foreign organizations check here		oundations an	id certain	
1 Minimum investment return from Part X, line 6			1	1,861.
2a Tax on investment income for 2012 from Part VI, line 5	2a	6.		
b Income tax for 2012 (This does not include the tax from Part VI)	2b			
c Add lines 2a and 2b			2c	6.
3 Distributable amount before adjustments. Subtract line 2c from line 1			3	1,855.
4 Recoveries of amounts treated as qualifying distributions			4	0.
5 Add lines 3 and 4		1	5	1,855.
5 Deduction from distributable amount (see instructions)			6	0.
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and c	on Part XIII, line 1		7	1,855.
Part XII Qualifying Distributions (see instructions)				
1 Amounts paid (including administrative expenses) to accomplish charitable, et	c , purposes			-
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	0.
b Program-related investments - total from Part IX-B		ļ	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out of	charitable, etc., purposes		2	
3 Amounts set aside for specific charitable projects that satisfy the				
a Suitability test (prior IRS approval required)			3a	
b Cash distribution test (attach the required schedule)			3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, lii	ne 8, and Part XIII, line 4		4	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on n	et investment	J		
income Enter 1% of Part I, line 27b			5	0.
6 Adjusted qualifying distributions Subtract line 5 from line 4			6	0.
Note The amount on line 6 will be used in Part V, column (b), in subsequent y	years when calculating whether the	e foundation o	ualifies for the	section

Form **990-PF** (2012)

4940(e) reduction of tax in those years

Page 9

Part XIII Undistributed Income (see Instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				1 055
line 7				1,855.
2 Undistributed income, if any, as of the end of 2012			0.	
a Enter amount for 2011 only			U •	· · · · · · · · · · · · · · · · · · ·
b Total for prior years		0.		
	- 1-11 1-1-11	······································	<u>'</u>	
3 Excess distributions carryover, if any, to 2012				
a From 2007 2,281. b From 2008 3,570.				
b From 2008 3,570. c From 2009 468.				
d From 2010				
e From 2011 2, 121.				
f Total of lines 3a through e	8,440.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 > \$ 0.				
a Applied to 2011, 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.		- 17:14:17:14:17:14:17:14:17:14:17:14:17:14:17:14:17:14:17:14:17:14:17:14:17:14:17:14:17:17:17:17:17:17:17:17	
d Applied to 2012 distributable amount				0.
e Remaining amount distributed out of corpus	0.		· · · · · · · · · · · · · · · · · · ·	
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	1,855.			1,855.
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,585.			
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 2011 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2013				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 2007	126			
not applied on line 5 or line 7	426.			
9 Excess distributions carryover to 2013	6,159.			
Subtract lines 7 and 8 from line 6a	0,139.			
O Analysis of line 9		į		
a Excess from 2008 3,570. b Excess from 2009 468.				
		, in the second second		
d Excess from 2010 d Excess from 2011 2,121.				
e Excess from 2012				
6 EVOCOO HOLL EA LE		<u> </u>		Form 990-PF (2012)

223581 12-05-12

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year EXEMPT GENERAL DONATION NONE CANINES WITH A CAUSE PO BOX 680426 PARK CITY, UT 84068 NONE EXEMPT RESEARCH FOR CHILDHOOD CASTING FOR A CURE 3160 PINEBROOK RD DISEASE PARK CITY, UT 84098 **▶** 3a 0. b Approved for future payment NONE Total **▶** 3b 0.

Part XVI-A	•	Analysis	s of	Income-Producing	Activities

Enter gross amounts unless otherwise indicated	Unrelated	Unrelated business income Excluded by s			(e)
group amounts amount of the transfer of the tr	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	code	Amount	function income
3					
b					
c	J 1				
d	1 1				
8	1 1	-,			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	287.	
4 Dividends and interest from securities					
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					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
C	1				
d					
e					
2 Subtotal Add columns (b), (d), and (e)		0		287.	
3 Total. Add line 12, columns (b), (d), and (e)				13	287
(See worksheet in line 13 instructions to verify calculations)					

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

Line No	Explain be	low how each a	ctivity f	or which income is rep	orted in column (e) of Part XV	/I-A contr	ibuted importantly to the	accomplishment of
	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
									
	1								
						_			
				<u> </u>					
									
				······································					

Form **990-PF** (2012)

		HILDRENS	HEALTH	FOUNDATION_		74-245	0465	Pa	age 13
Part	Information Re Exempt Organ	-	nsfers To	and Transactions a	nd Relations	ships With Noncha	aritabl	е	
1 Did	the organization directly or indi		v of the follows	ng with any other organizatio	n described in sec	tion 501(c) of		Yes	No
	Code (other than section 501(c								
	nsters from the reporting found								
	Cash		•				1a(1)		X
• • •	Other assets						1a(2)		X
	er transactions								
(1)	Sales of assets to a noncharita	ible exempt organiz	ation				16(1)	·	X
(2)	Purchases of assets from a no	ncharitable exempt	t organization				1b(2)		X
(3)	Rental of facilities, equipment,	or other assets					16(3)		X
(4)	Reimbursement arrangements	1					1b(4)		X
(5)	Loans or loan guarantees						1b(5)		X
(6)	Performance of services or me	embership or fundr	aising solicitatio	ons			1b(6)		X
c Sha	aring of facilities, equipment, ma	uling lists, other as:	sets, or paid em	nployees			10		X
	he answer to any of the above is		•			-		sets,	
	services given by the reporting f			red less than fair market value	e in any transactio	n or sharing arrangement,	show in		
	umn (d) the value of the goods, o (b) Amount involved			e exempt organization	(d) 2				
(a) Line n	o (n) Amount myoreu	(c) Name	N/A	e exempt organization	(u) Description	n of transfers, transactions, and	sharing a	rangeme	ints -
			N/A		 				
					 			_	
					 				
		 			-				
					 				
					f				

							-		
							_		
			<u></u>						
									
	he foundation directly or indirec				ations described	F			_
	ection 501(c) of the Code (othe		c)(3)) or in sec	tion 527?		L	Yes	X	No
<u>b !f "\</u>	es," complete the following sch (a) Name of org			(b) Type of organization		(c) Description of relations			
	N/A	Janization		(b) Type of Organization		(c) Description of relations	siiib		
	N/A							_	
				 					
				 					
			()		-		-		
	Under penalties of perjury, I declare	that I have examined	nis return, includir	ng accompanying schedules and s	statements, and to the	best of my knowledge			
Sign	and belief, it is true, correct, and cor	molete Declaration of	preparer (other tha	n taxpayer) is based on all informa	ation of which prepare	ret	y the IRS um with th	e prepar	er
Here	X /		1	10/15/13	Chair		own below X Yes		ຶ່່No
	Signature of officer or trustee			Date	Title				
	Print/Type preparer's na	ame	Preparer's	ignature	Date	Check if PTIN	-		
				./	12 7.7	self- employed			
Paid	RANDY SELL		\mathcal{L}		10.7.13	P0	1260	180	
Prepa	arer Firm's name ► PRO	FESSIONA	l busin	ESS ADVISORS	LLC	Firm's EIN ► 20-3	1531	67	

801-296-1060 Form **990-PF** (2012)

Firm's address > 1706 SOUTH 500 WEST, SUITE 200 BOUNTIFUL, UT 840 0

Phone no

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY (CASH I	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
US BANCORP					2	87.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			2	87.
FORM 990-PF C	THER PROFES	SIONAL I	FEES		STATEMENT	2
DESCRIPTION		NET IN	VEST-		(D) CHARITA ME PURPOS	
AGENT FEE	365.	-	0.			0.
TO FORM 990-PF, PG 1, LN 16C =	365.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	3
DESCRIPTION		NET IN	/EST-		(D) CHARITA E PURPOS	
FILING FEE	4.		0.	<u> </u>		0.
TO FORM 990-PF, PG 1, LN 23	4.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	4
DESCRIPTION			во	OK VALUE	FAIR MARKE VALUE	т
				22 160	20 1	
IMAGEWARE SYSTEMS INC				22,160.	22,1	ου.

FORM 990-PF CORPORATE BOND	S	STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
US BANCORP	11,768.	11,768.
TOTAL TO FORM 990-PF, PART II, LINE 10C	11,768.	11,768.

• Hy502 fare filting for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box • If you ard filting for an Automatic 3-Month Extension, complete only Part I (in page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Type or print Province in the Cartesian of the		68 (HeV. 1-2013)					Page 2
Note conty complete Part III if you have already been granded an automatic 3-month extension on a previously filed Form 8869. If you are filling for an Automatic 3-Month Extension, complete only Part I (en page 1). Part III Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies needed) Type or print Frey he will be considered to the complete Part I (en page 1). Part III Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies needed) Enter filer's identifying number, see instructions Employer Identification number (EIN) or print Frey he will be considered to the complete of the complete or th	• fr you	are filing for an Additional (Not Automatic) 3-Month Ex	ktension, d	complete only Part II and check th:	s box		▶ X
• If you ard filling for an Automatic 3-Month Extension, complete only Part II (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	Note. Or	nly complete Part II if you have already been granted an	automatic	3-month extension on a previously f	iled Form 8	3868.	· <u></u>
Part II	• If you	are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I (on page 1).			
Type or print Prin					al (no co	onies need	ded)
Name of exempt organization or other filer, see instructions							
THE CHILDRENS HEALTH FOUNDATION 74-2450465	Type or						
THE CHILDRENS HEALTH FOUNDATION Number, street, and room or suite no. if a P.O. box, see instructions.		Name of exempt organization of other filer, see instructions				dentification	number (EIN) or
Number, street, and room or suite no. If a P.O. box, see instructions. 299 SOUTH MAIN STREET, SUITE 2370 299 SOUTH SUIT	•	MUE CUTI DEENS DEATHU ESTINDAMION				74 245	
Notice Security number (SSN) Social security number (SSN)	-						
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALT LAKE CITY, UT 84111		Number, street, and room of suite no. If a P.O. box, s			Social se	cunty numbe	r (SSN)
Enter the Return code for the return that this application is for (file a separate application for each return) D 4 Application SFOT Return Application Return SFOT Code SFOT Code Form 990 or Form 990-EZ O1 Form 990-BL O2 Form 1041-A O8 Form 990-BL O3 Form 4720 O9 Form 990-PF O4 Form 5227 10 Form 990-PF O4 Form 5227 10 Form 990-PF O4 Form 5669 11 Form 990-PF O5 Form 6669 12 FORM 990-PF O5 Form 8670 12 FORM 990-PF O5 Form 8670 12 FORM 990-PF O5 Form 8670 12 FORM 990-PF O5 Form 990-PF O5 Form 8670 12 FORM 990-PF O5 Form 990-PF O5 Form 990-PF O5 Form 990-PF O5 Form 8670 12 FORM 990-PF O5							
Enter the Return code for the return that this application is for (file a separate application for each return) Application	msuucuons	City, town or post office, state, and ZiP code. For a f	oreign add	lress, see instructions.	•		
Application Is For Code Form 990 or Form 990-EZ O1 Form 990-BL O2 Form 1720 Individual) O3 Form 990-FF O4 Form 990-FF O4 Form 990-FF O5 Form 990-FF O6 Form 990-FF O7 Form 990-FF Form 990		SALT LAKE CITY, UT 84111			1		
Application Is For Code Form 990 or Form 990-EZ O1 Form 990-BL O2 Form 1720 Individual) O3 Form 990-FF O4 Form 990-FF O4 Form 990-FF O5 Form 990-FF O6 Form 990-FF O7 Form 990-FF Form 990		•					
Is For Code Sor Code Sor Code Sor Code Sor Code Sor Code Sor	Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4
Is For Code Sor Code Sor Code Sor Code Sor Code Sor Code Sor				•			
Is For Code Sor Code Sor Code Sor Code Sor Code Sor Code Sor	Applicat	ion	Return	Application			Return
Form 990 or Form 990-EZ Form 990-BL Form 990-BL Form 990-BL Form 990-PF Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Form 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other than above) Odd Form 8870 December 990-T (trust other 1) December				* *			Į.
Form 990-BL Form 990-BL Form 990-F Form 4720 (individual) Form 9720 (individual) Form 990-F Form 990-F Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) trust) For		or Form 990-F7					
Form 4720 (Individual) Form 990-FF				Form 1041 A		 	
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) ■ Form 6069 ■ 11 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 ■ The books are in the care of ▶ 333 MAIN ST − PARK CITY, UT 84060 ■ Telephone No. ▶ 435-645-2049 ■ If the organization does not have an office or place of business in the United States, check this box ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ■ If it is for part of the group, check this box ■ and attach a list with the names and Elixs of all members the extension is for. ■ I request an additional 3-month extension of time until ■ The calendar year 2012, or other tax year beginning ■ If the tax year entered in line 5 is for less than 12 months, check reason: Initial return ■ Final return ■ Change in accounting period ■ State in detail why you need the extension ■ INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. ■ Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ■ Signature and Verification must be completed for Part II only. Under penaltes of penjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and teaching that I am authorized to prepare this form							
Form 990-T (rust other than above) O6 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. RANDY FIELDS The books are in the care of ▶ 333 MAIN ST − PARK CITY, UT 84060 Telephone № ▶ 435−645−2049 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If request an additional 3-month extension of time until NOVEMBER 15, 2013. For calendar year 2012, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Initial return			1	 			
Form 990-T (trust other than above) 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 The books are in the care of ▶ 333 MAIN ST − PARK CITY, UT 84060 Telephone 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 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2013. The calendar year 2012, or other tax year beginning and the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. In this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prory year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of penjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belef, it is true, correct, and capplete, and that I am authorized to prepare this form							10
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 The books are in the care of ▶ 333 MAIN ST → PARK CITY, UT 84060 Telephone No. ▶ 435-645-2049 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if this is for the whole group, check this box If it is for part of the group, check this box			1	 			11
RANDY FIELDS The books are in the care of ▶ 333 MAIN ST − PARK CITY, UT 84060 Telephone 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 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. 1 request an additional 3-month extension of time until NOVEMBER 15, 2013. 5 For calendar year 2012, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period 7 State in detail why you need the extension INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8a \$ 0. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete any that I am authorized to prepare this form	Form 990	O-T (trust other than above)	06	Form 8870			12
The books are in the care of ▶ 333 MAIN ST − PARK CITY, UT 84060 Telephone 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 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2013. For calendar year 2012, or other tax year beginning and ending. If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period. INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and campiete, and that I am authorized to prepare this form.	STOP! D		d an autor	matic 3-month extension on a prev	iously file	d Form 8868	3.
Telephone No. ► 435-645-2049 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ■ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2013. For calendar year 2012, or other tax year beginning, and ending, and ending							
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	• The b	ooks are in the care of ▶ 333 MAIN ST -	PARK	CITY, UT 84060			
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If request an additional 3-month extension of time until NOVEMBER 15, 2013. For calendar year 2012, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Change in accounting period The organization is for part of the group, check this box Initial return Initial return Final return Change in accounting period The organization 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	Telep	hone No. ► 435-645-2049		FAX No. ▶			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If request an additional 3-month extension of time until If request an additional 3-month extension of time until If request an additional 3-month extension of time until If the tax year entered in line 5 is for less than 12 months, check reason: Initial return If it is and ending If the tax year entered in line 5 is for less than 12 months, check reason: Initial return If it is indicated the extension of time until If the tax year entered in line 5 is for less than 12 months, check reason: Initial return If it is indicated in accounting period If the tax year entered in line 5 is for less than 12 months, check reason: Initial return If initial return If it is and ending If it is and ending Initial return If it is and ending Initial return If it is and ending Initial return If it is and ending Initial return	-		s in the Ui	nited States, check this box			D
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until NOVEMBER 15, 2013. For calendar year 2012, or other tax year beginning, and ending, and ending. If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form		•			f this is foi	r the whole a	roup, check this
I request an additional 3-month extension of time until NOVEMBER 15, 2013. For calendar year 2012, or other tax year beginning							
For calendar year 2012, or other tax year beginning						3,0 ,,,,,	
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period 7 State in detail why you need the extension INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form					0		
Change in accounting period State in detail why you need the extension INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form		· 				oturo	
State in detail why you need the extension INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	0 11 1		JIIOCK IOAS	initial return		eturri	
INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form		•					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form			דר אאז	ACCUDAME DEMUNA NO	m vem	7 17 7 TT 7	ADIE
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	71	NFORMATION NEEDED TO COMPLET	C AIN	ACCURATE RETURN NO	T IET	AVAIL	ADUE
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form						r	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	8a Ift	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	, ;		_
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	no	nrefundable credits. See instructions.			8a	\$	0.
previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	b if t	his application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated			
previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	tax	c payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid	,		
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form				, ,	8b	s	0.
EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form			avment wr	th this form, if required, by using			
Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form				ar and rolling it required by coming	80	_{\$}	0.
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form				et be completed for Part II		1	
it is true, correct, and complete, and that I am authorized to prepare this form					_	f my kaouloda	o and hallef
	t is true	names of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this f	orm	panying schedules and statements, and t	0 1118 11821 0	i iliy kilowiedy	e and beller,
Form 8868 (Rev 1:2013)			($\mathcal{A}\mathcal{A}$	5.4.	- 9/1	ula
Form 8868 (Rev. 1-2013)	Signature	Title			Date	0/1	711/
						Form 8	868 (Rev 1-2013)
		/ \					
$\setminus J$							
		\					
		V					
						7 01111 0	300 (NOV 7.2010)